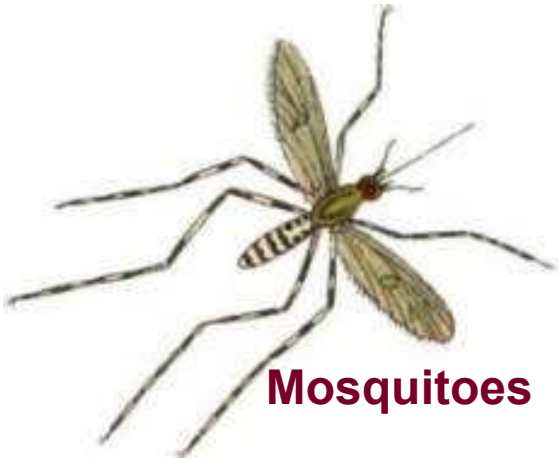
Vectors and Disease



Mosquitoes

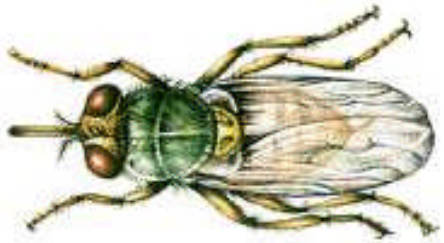
Ticks

Sand flies

Fleas

Chigger Mites

Lice



Tsetses

LTC Jennifer Caci

US Army Special Operations Command

Outline

- Threats
  - Understanding vectorborne disease epidemiology
  - Area specific, risk assessment.
  - What are the threats?
- Resources
  - Where can you find answers?
- Prevention
  - What can you do to minimize risk?

What are the **priority threats?**

It always depends but, in general according to “the experts”…

DEPARTMENT OF THE ARMY
BROOKE ARMY MEDICAL CENTER
3851 ROGER BROOKE DRIVE
FORT SAM HOUSTON TX 78234-6200

REPLY TO ATTENTION OF
MCHE-MDI

23 April 2010

MEMORANDUM FOR RECORD

SUBJECT: Infectious Disease Threats to the US Military Prioritization Panel Results

1. A panel was hosted by the Directorate of Combat and Doctrine Development (DCDD) and the Military Infectious Diseases Research Program (MIDRP), US Army Medical Research and Materiel Command (MRMC), under the umbrella of the Medical Force Protection Integrated Capabilities Development Team (ICDT) Charter to prioritize the current infectious disease threats to the US Military (Appendix A).

2. Panel objectives were to identify and operationally prioritize the infectious disease threats to US Forces to assist in the determination of capability requirements.

3. References included "Initial Capabilities Document (ICD) for Infectious Disease Countermeasures (IDCM)," 2006, and "Infectious Diseases Investment Decision Evaluation Algorithm: A Quantitative Algorithm for Prioritization of Naturally Occurring Infectious Disease Threats to the U.S. Military," *Military Medicine* 2008;173:174-181.

Appendix A
Prioritization of Infectious Disease Threats to the US Military

1.	Malaria
2.	Dengue
3.	Diarrhea, bacterial
4.	Multidrug-resistant (MDR) wound pathogens
5.	Leishmaniasis
6.	Q fever (*Coxiella burnetti*)
7.	Norovirus and other viral diarrhea
8.	Influenza
9.	Adenovirus
10.	Leptospirosis
11.	Diarrhea, protozoal
12.	Tuberculosis (TB)
13.	Crimean-Congo hemorrhagic fever
14.	Human immunodeficiency virus (HIV/AIDS)
15.	Hemorrhagic fever with renal syndrome (HFRS)
16.	Chikungunya
17.	Meningococcal meningitis
18.	Plague
19.	Rickettsioses
20.	Viral encephalitides
21.	Hepatitis E
22.	Lassa fever and other arenaviruses
23.	Tick-borne encephalitis
24.	Rift Valley fever
25.	Hepatitis C
26.	Brucellosis
27.	Other arboviral illnesses
28.	Typhoid fever
29.	Cholera
30.	Schistosomiasis
31.	Tularemia
32.	Trypanosomiasis
33.	Ebola/Marburg hemorrhagic fever
34.	Chagas' disease
35.	Yellow fever
36.	Lyme
37.	Bartonelloisis (Oroya fever)
38.	Soil-transmitted helminths

PRIORITY THREATS

1. Malaria
2. Dengue
4. Leishmaniasis
13. CCHF
16. Chikungunya
18. Plague
19. Rickettsioses
20. Viral enceph
23. TBE
24. Rift Valley fever
27. Other arboviruses

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Vectorborne Disease Threats

TABLE 1. Past and present impact of vector-borne diseases of military importance among deployed troops

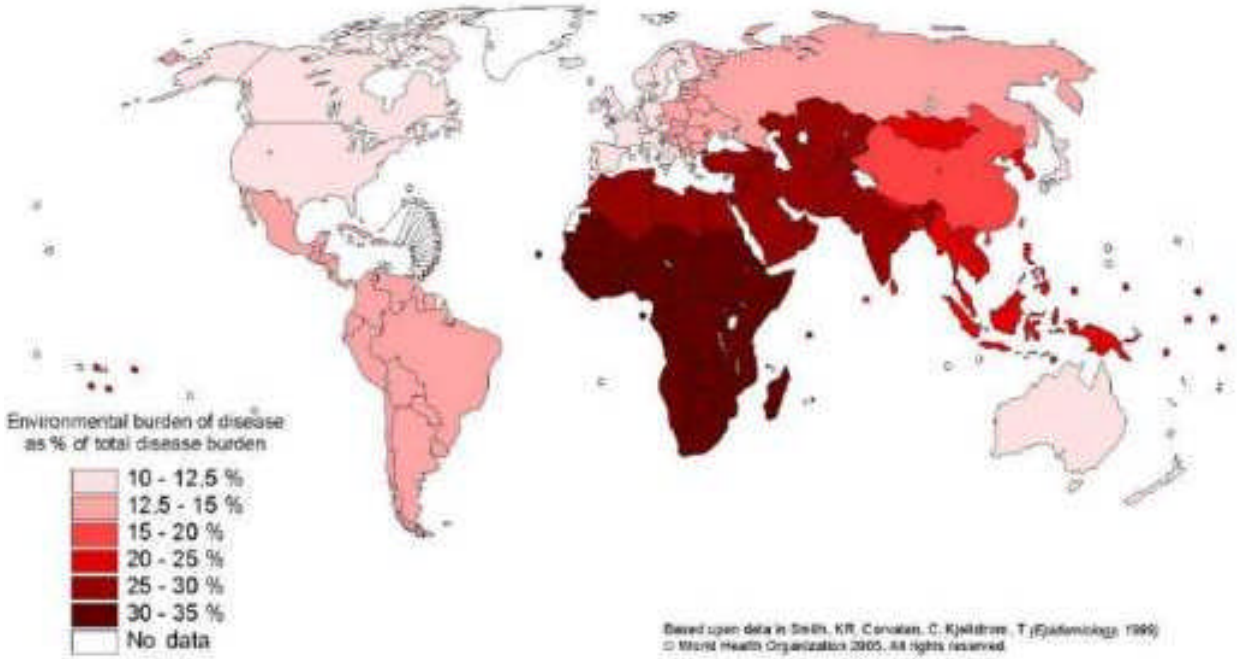
	Past threats	Present threats	Other diseases of less importance
Sandfly-borne diseases	Sandfly fever Old World cutaneous leishmaniasis New World mucocutaneous leishmaniasis Visceral leishmaniasis	Sandfly fever Old World cutaneous leishmaniasis New World mucocutaneous leishmaniasis Visceral leishmaniasis	Oroya fever
Mosquito-borne diseases	Malaria Lymphatic filariasis Yellow fever Japanese B encephalitis Dengue fever Chikungunya disease	Malaria Dengue fever Chikungunya disease Rift Valley fever virus West Nile virus	O'nyong nyong virus, Semliki Forest virus, Sindbi virus, and other mosquito-borne viruses
Flea-borne diseases	Plague Murine typhus	Plague? Murine typhus?	Flea-borne spotted fever
Louse-borne diseases	Typhus Trench fever Louse-borne relapsing fever		
Tick-borne diseases	Rocky mountain spotted fever Mediterranean spotted fever African tick bite fever Other common tick-borne spotted fevers Ehrlichiosis Q-fever* Tularemia* Crimean–Congo hemorrhagic fever Tick-borne encephalitis	Rocky mountain spotted fever Mediterranean spotted fever African tick bite fever Other common tick-borne spotted fevers Ehrlichiosis Q-fever* Tularemia* Crimean–Congo hemorrhagic fever	New pathogenic rickettsiae (*Rickettsia slovaca*, *Rickettsia helvetica*, and *Rickettsia sibirica mongolitimonae*) 'Rickettsia of unknown pathogenicity' Colorado tick fever Kemerovo tick fever Other tick-borne fevers (Dugbe or Banjha virus) Omsk hemorrhagic fever Kyasianur Forest disease Alkhurma virus hemorrhagic fever Human babesiosis
Mite-borne diseases	Scrub typhus	Scrub typhus	
Tsetse fly-borne diseases	Sleeping sickness	Sleeping sickness	
Kissing bug-borne diseases	Chagas disease	Chagas disease	

Pages et al., 2010. The past and present threat of vector-borne diseases in deployed Troops. Clin Microbiol Infect

Risk

What are the threats in my AO?

Depends on **where** you are and **when** you are there.



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NATURAL NIDALITY OF TRANSMISSIBLE DISEASES- By E. N. Pavlovsky (1964)

- Pavlovsky introduced the concept of natural nidality of human diseases
  - Defined by the idea that **microscale** disease foci are determined by the entire ecosystem
  - Thus the nidus of a disease "exists under definite conditions of climate, vegetation, soil, and favorable microclimate.”

- According to Pavlovsky, "nidus" is a translation of the root word "ochag,“ meaning a hearth.
  - Thus a nidus of disease is its nest, home, or habitat (equivalent to the Latin "focus").

- The central concept is that a disease has its own natural habitat in the same way as a species.

Disease Nidality

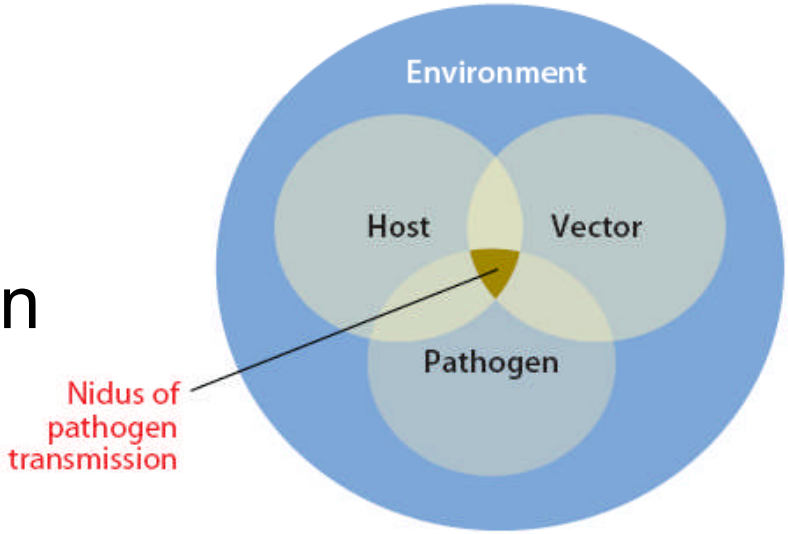
- E. N. Pavlovsky. 1964. *Natural focality of transmissive diseases in connection with landscape epidemiology of zooanthroponoses.*
- Introduced the Russian word “ochag” meaning hearth or breeding ground.

- **Nidus (Latin) – nest.**
- **The nidus of a disease "exists under definite conditions of climate, vegetation, soil, and favorable microclimate.”**

Nidality –Landscape Epidemiology

For vector-borne diseases, transmission depends on the **transient interaction** of a given:

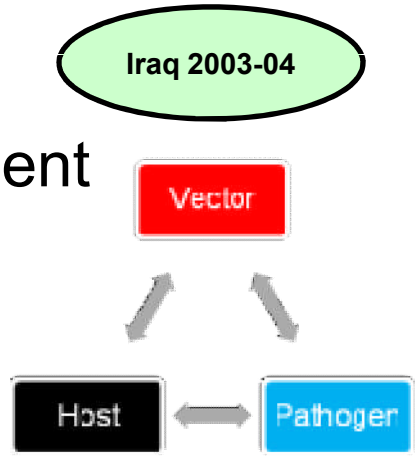
- Vector species
- Pathogen genotype
- Host (human) population
- Ecological setting



Everything depends on space and time

Components of transmission

- **Pathogen**
  - Imported genotypes, mutations, replication rate
- **Vector**
  - Feeding behavior, host preference, habitat, vector competence, density, life span
- **Host and reservoir populations**
  - Immunity, density, living conditions, movement
- **Landscape**
  - Climate, rainfall, temp, humidity, elevation, habitat



Everything depends on space and time

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FACTORS TO HELP ESTIMATE RISK

1. What pathogens and strains/species are present?
   (*P. falciparum is far more serious than P. vivax)*

2. Will the mission put personnel into close contact with vectors?

- VECTOR BEHAVIOR
  - *Anopheles* mosquitoes are nighttime biters.
  - *Aedes* mosquitoes are daytime biters.
  - Sandflies typically fly close to the ground.
- VECTOR HABITAT…Will personnel operate in areas with vectors?
- BILLETING…in buildings with doors and screened windows?

3. Will conditions support disease transmission?

- SEASONALITY
- RECENT WEATHER (rain and mosquitoes, wind and sand flies)
- DENSITY OF VECTOR
- INFECTION RATE

4. What is the Incubation Period?

- IMMEDIATE VS. DELAYED IMPACT

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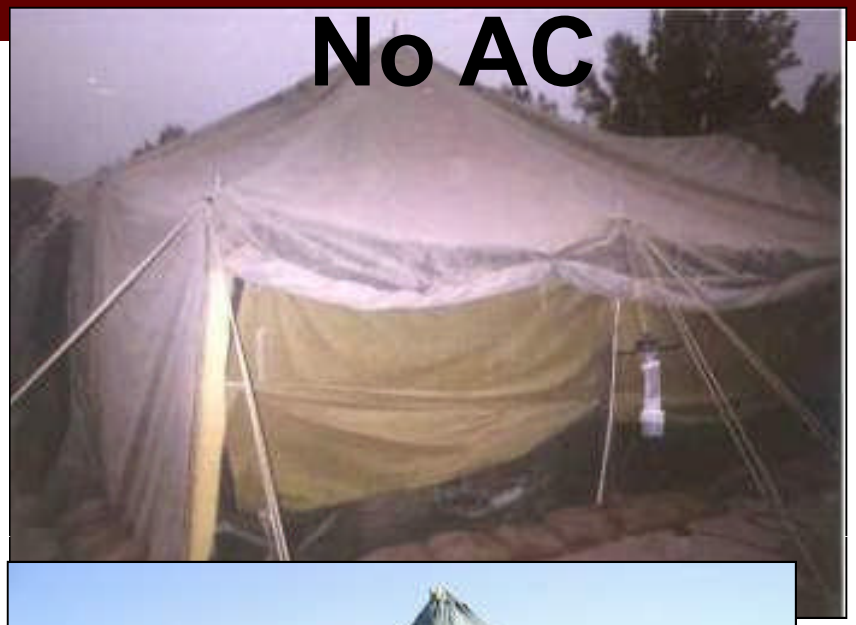
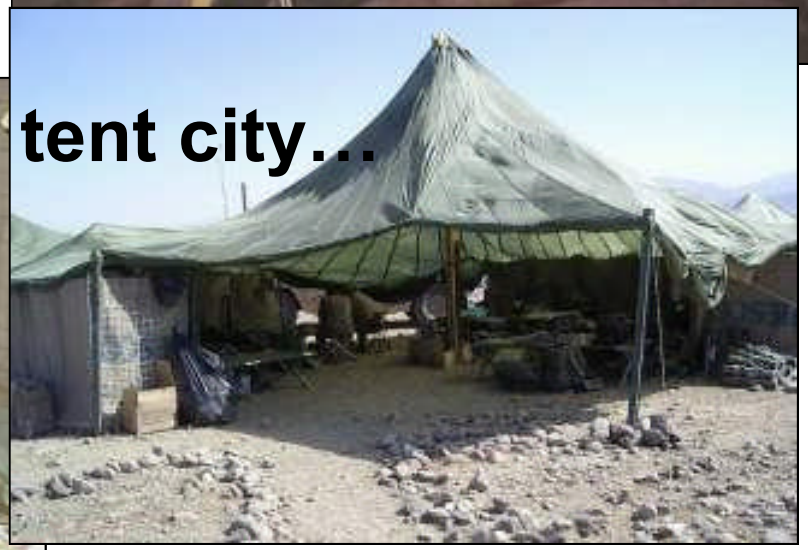
Air Force Tent City

Army Tent City





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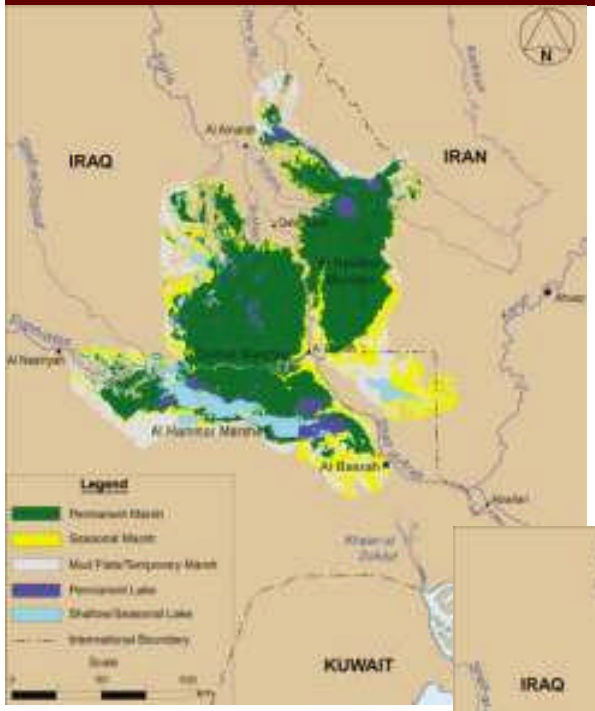
Ecological Influence



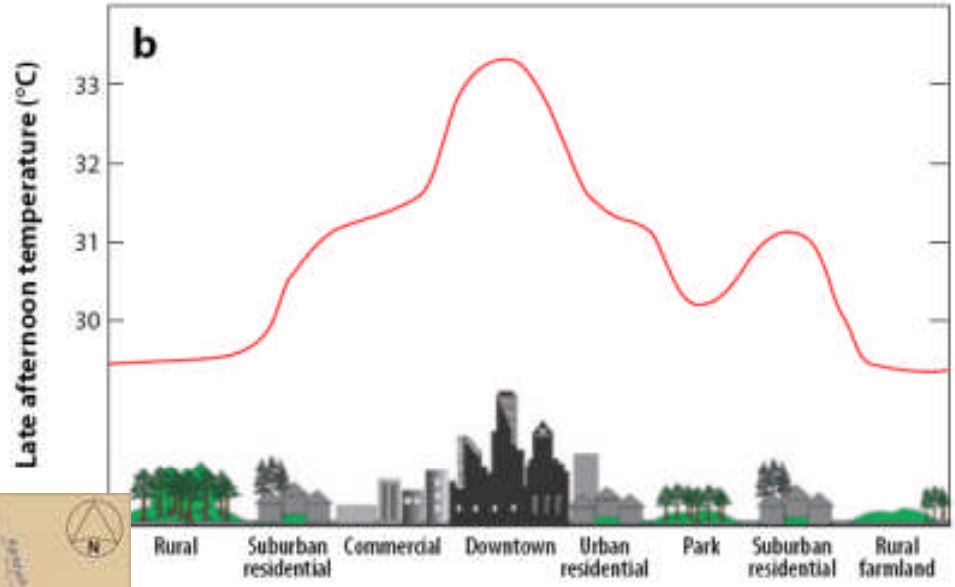
1973

Malaria

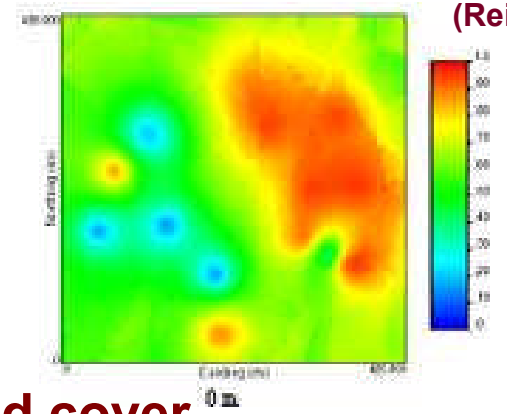
Leish

2000

Water (rainfall, marshes etc)



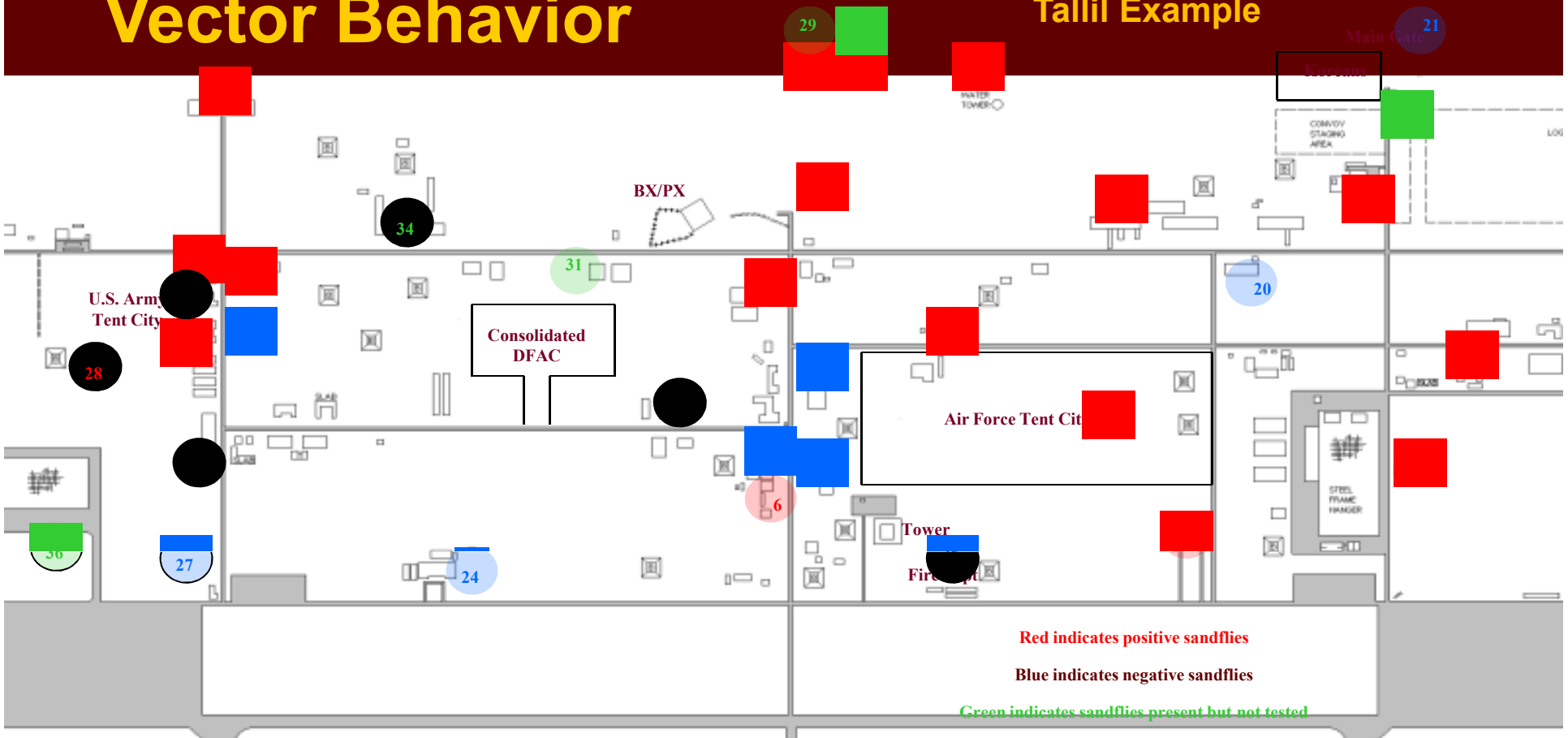
(Reisen, 2010)



Land cover and Temperature

Vector Behavior

Tallil Example

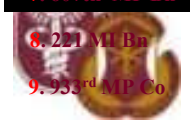


Location	collected	tested	infected
1. AF–407th AEG TOC	510	131	2.29%
2. Control Site 3	2,803	612	0.65%
3. 1/293rd INF, HHD	30	21	4.76%
4. AF – Post Office	351	74	4.05%
5. Control Site 4	5,104	803	1.49%
6. 171st ASG	1,180	251	1.20%
7. 607th MP Bn	149	80	2.50%
8. 221 MI Bn	2,275	1,174	2.30%
9. 933rd MP Co	923	329	1.22%

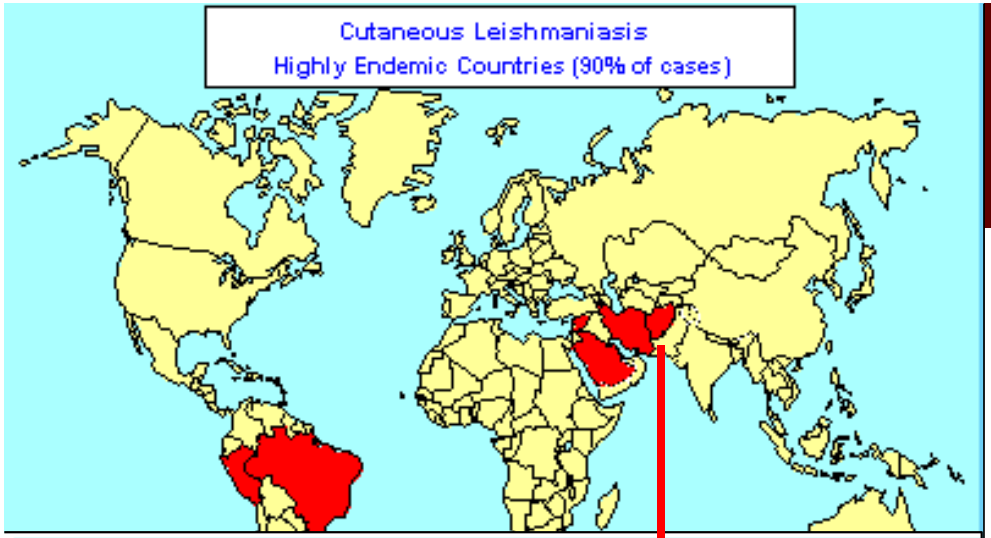
Location	collected	tested	infected
10. Mosque	131	89	1.12%
11. 2220th Trans	4,088	2,064	1.31%
12. 1208th QM Co	16,280	3,128	0.90%
13. Army Finance	3,217	478	0.21%
14. 933rd MP Co HQ	749	115	1.74%
15. 744th MP Bn	674	74	2.70%
16. AF – A10 Ops	595	102	0.98%
17. 202th MI Bn	142	80	0.00%
18. AF – 407th ELRS	1,978	202	0.99%

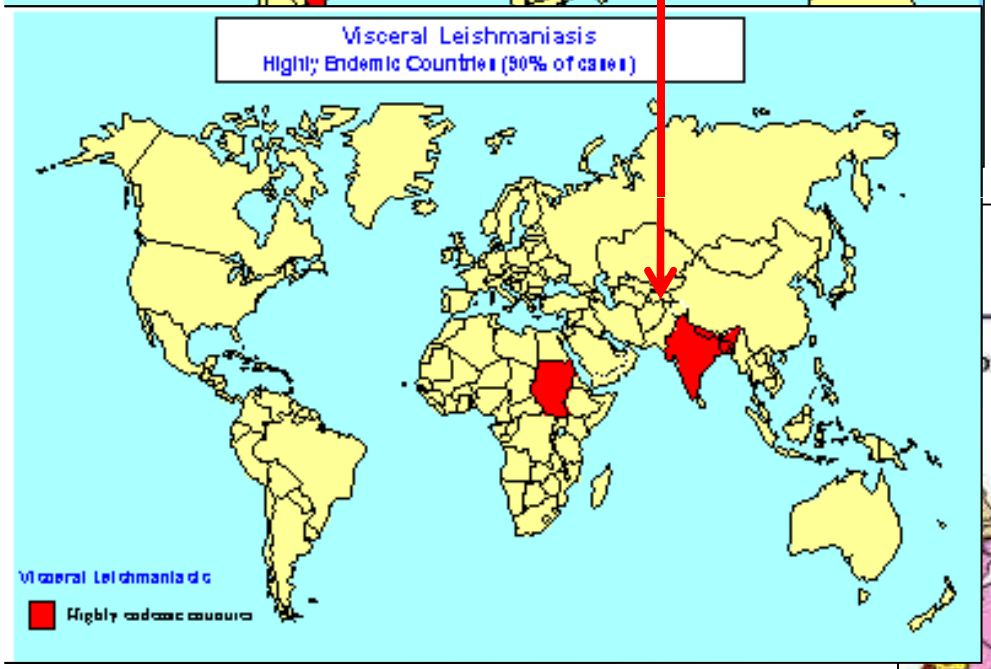
Location	collected	tested	infected
19. 486th CA Bn	108	52	0.00%
20. V Corps IG	55	44	0.00%
21. Airbase Entrance	53	28	0.00%
22. Laundry/Bath	20	18	0.00%
23. 63rd Sig Bde	14	11	0.00%
24. 86th CSH	10	5	0.00%
25. 707th Ord	9	6	0.00%
26. AF-Fire Dept	8	5	0.00%
27. AF Flight Ops	5	5	0.00%

Location	collected	tested	infected
28. Army Tent City	3,691	303	1.98%
29. Control Site 1	1,087		
30. AF – Tent City	2,353	845	2.37%
31. AF – 407th Maint	612		
32. S of 221st MI Bn	454		
33. Control Site 2	318		
34. AF–Security Force	268		
35. Convoy Center	230		
36. NW Control Site	150		

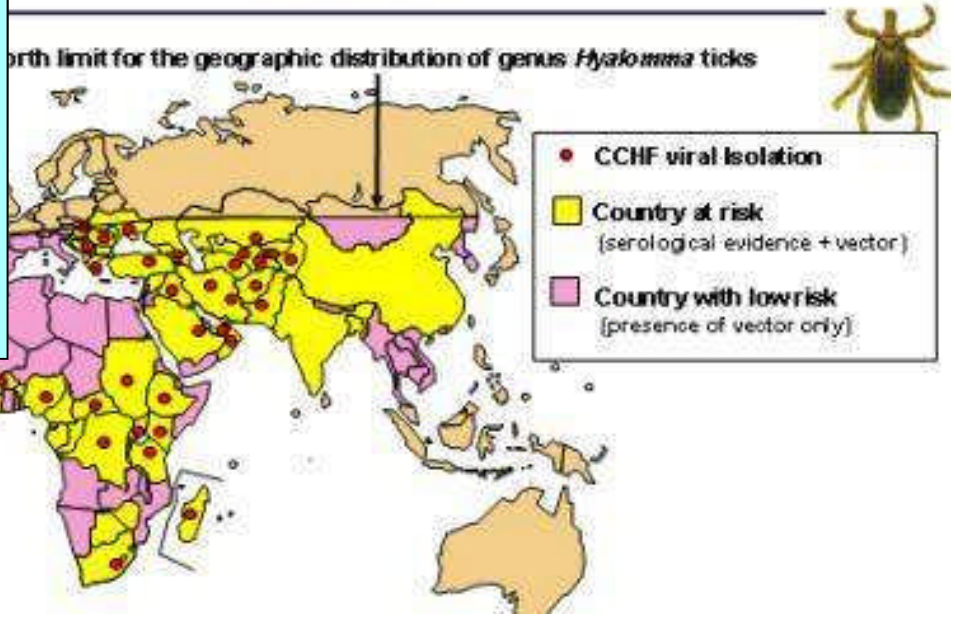


- Model of *P. falciparum*
- No transmission in areas surrounded by high transmission.
- Why?...
- No vectors.





CCHF: geographic distribution



Or maybe no one is looking…

Help in Identifying Priority threats

Entomological Operational Risk Assessments (EORA)

- Provide risk estimates for vector-borne and zoonotic diseases in the country of concern.
- These estimates, prepared by USACHPPM.
- EORAs available for >30 countries.

Infectious Disease Risk Assessment (IDRA)

- AFMIC now NCMI
- Web-based and CD (MEDIC)
- unclassified medical intelligence

Disease Vector Ecology Profiles (DVEP)

http://www.afpmb.org/content/disease-vector-ecology-profiles

Geosentinel

ProMed

RESOURCES

Where can you find answers?

- Public Health Command (PHC), Ento Div

  http://chppm-www.apgea.army.mil/ento/default.htm
- AFPMB

  http://www.afpmb.org
- NCMI (MEDIC CD)
- Walter Reed Biosystematics Unit (WRBU)

  http://wrbu.si.edu and

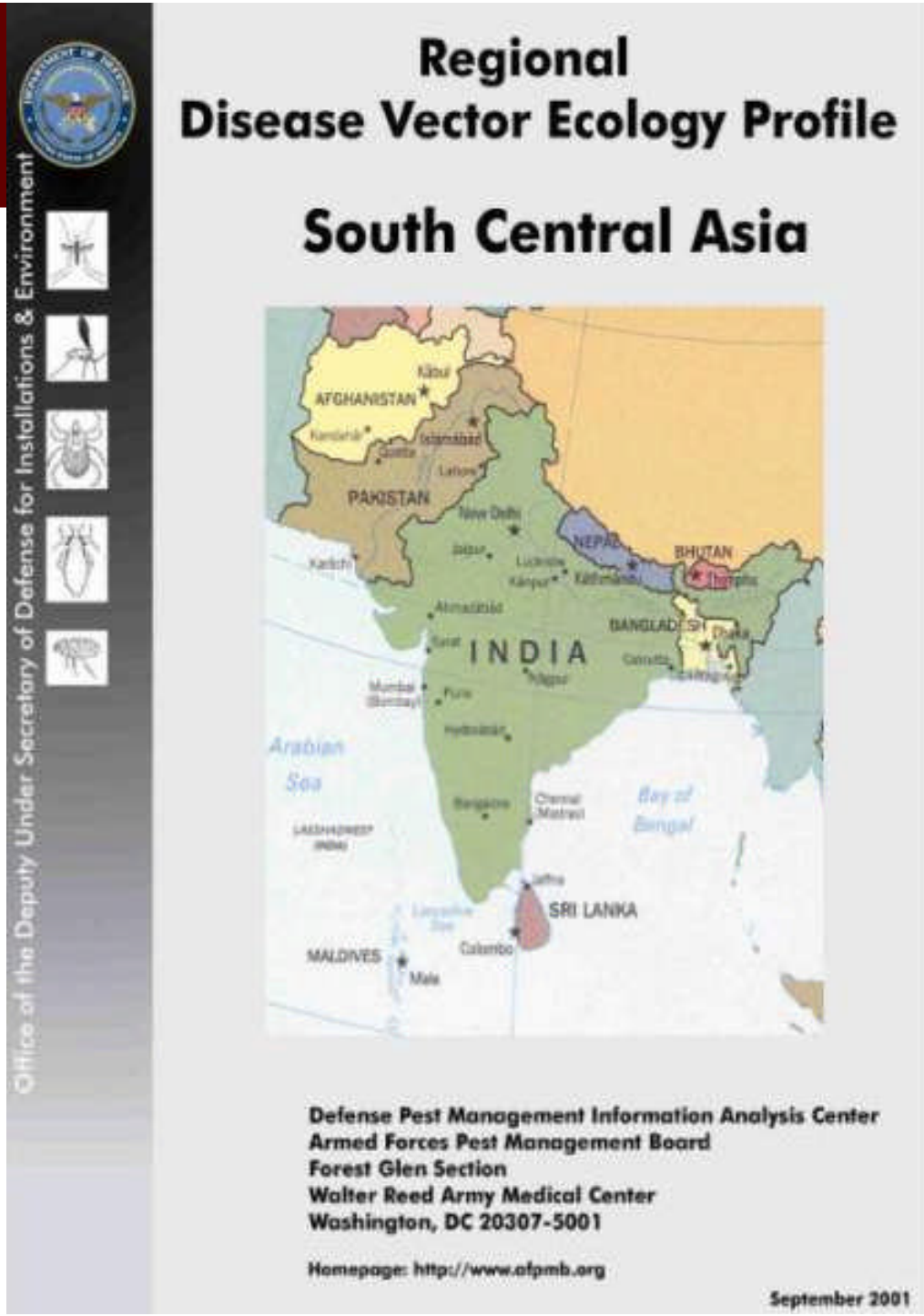
  http://mosquitomap.nhm.ku.edu/vectormap/
- Command PM assets

http://www.afpmb.org

REGIONAL RISK

DVEPS

- Provide risk estimates for vector-borne and zoonotic diseases in the regions of concern.
- Prepared by AFPMB.



The Walter Reed Biosystematics Unit

HOME | VECTOR ID | WHO WE ARE | STAFF | WHAT WE DO | FAQS | FORUM

The Walter Reed Biosystematics Unit (WRBU) is a unique national resource. Its mission is to conduct systematics research on medically important arthropods and to maintain the U.S. mosquito collection. The WRBU is just one part of the U.S. Government's entomological research system, which includes the U.S. Department of Agriculture (USDA) and the Smithsonian Institution (SI). Historically, mosquito identification was managed by USDA and the SI, but in 1972 this responsibility was transferred from USDA to the U.S. Army for research on medically important arthropods. Located at the Museum Support Center of the Smithsonian Institution in Suitland, Maryland, the WRBU's physical space is provided by the Smithsonian Institution in return for curation of the collection and specimen identification... *(more)*

What's New?

Mosquito Classification 2010

Discussion Forum

New mosquito identification keys

See new WRBU staff publications

VectorMap

MosquitoMap.org
SandflyMap.org
TickMap.org

WRAIR

AFPMB

Vector Identification Resources

to medically important arthropods and WRBU's Vector Identification Service

Mosquito Resources

Culicidae Catalog
www.mosquitocatalog.org

Mosquito Genera

Mosquito Literature

Medically Important Mosquitoes

Mosquito Species Identification Keys

Other Vectors

Sand Flies

Ticks

Scorpions

Fleas

http://wrbu.si.edu/

VectorMap

- Comprised of MosquitoMap, SandflyMap and TickMap
- Geospatially referenced clearinghouses for arthropod disease vector species collection records and distribution models.
- Users can pan and zoom to anywhere in the world to view the locations of:
  - past **vector collections** and
  - the **results of modeling that predicts the geographic extent of individual species.**

http://mosquitomap.nhm.ku.edu/vectormap/

VectorMap is new and still in the test phase.

Requires you to download Silver Light freeware from Microsoft.

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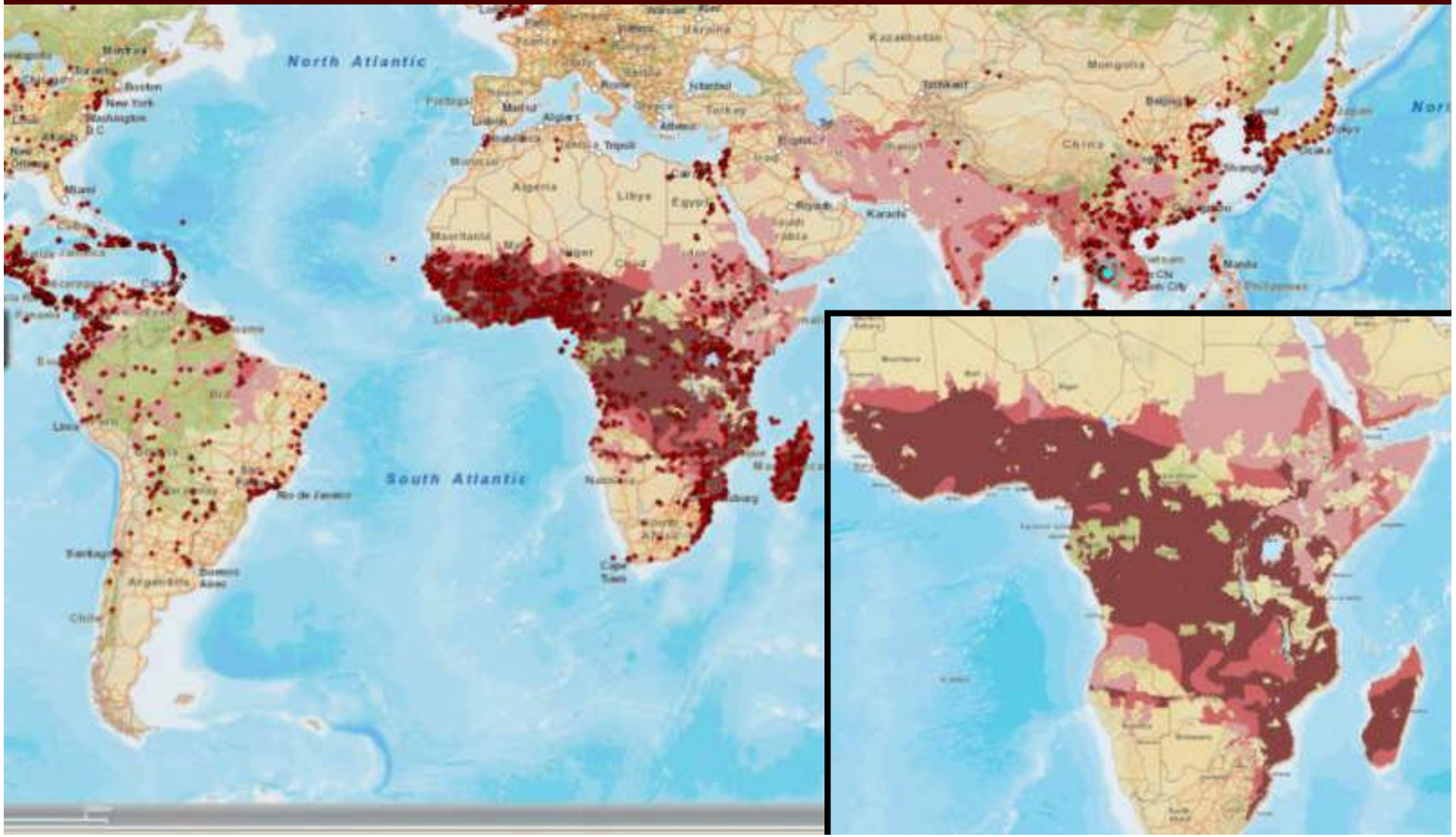
Model of *Plasmodium falciparum* in 2005 from the Malaria Atlas Project http://www.map.ox.ac.uk/index.htm.

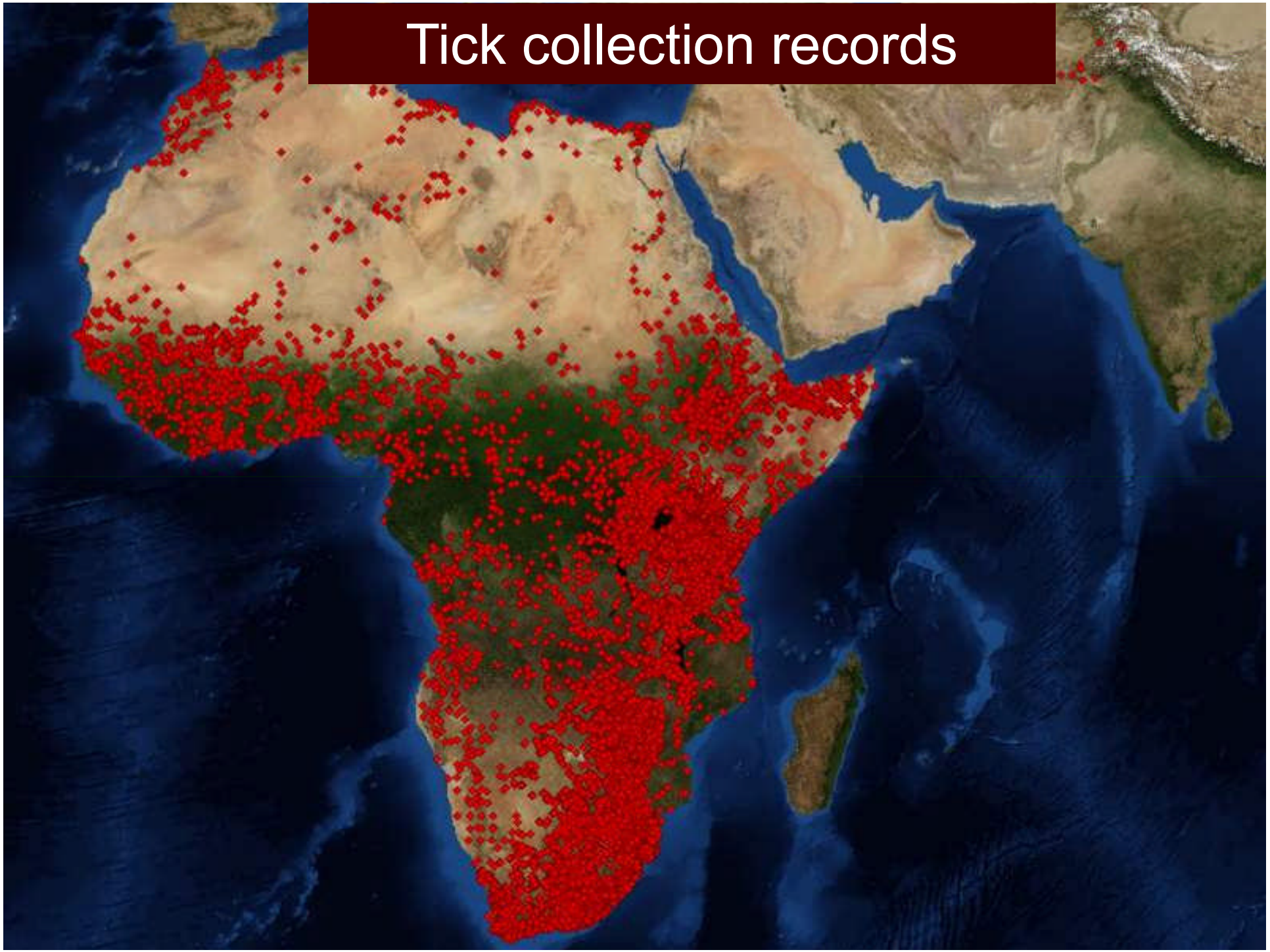
Hypoendemic, Mesoendemic and Hyper-holoendemic

Several sources of information on malaria risk (notably international travel health guidelines on malaria chemoprophylaxis, altitude limits for dominant vectors, climate limits for malaria transmission and human population density thresholds) have been combined in a GIS to generate this map. See Guerra et al. (2006) Advances in Parasitology 62: 157 – 179 and Guerra et al. (2006) Trends in Parasitology 22: 353 – 358 for details.

The method for defining the endemic levels within these limits can be found in Snow et al. (2005) Nature 434: 214 – 217.

Anopheles collection records show up as red dots




Tick collection records

Major and Emerging Vectorborne Disease Threats

- Malaria
- Dengue
- Leishmaniasis
- Other arboviruses & the encephalitides
  - (e.g., chikungunya, JEV, WNV)
- Rickettsioses
  - (e.g. CCHF, African tick bite fever, scrub typhus)
- Trypanosomiasis (American & African)

What is a vector?

- An arthropod that becomes infected with a pathogen and is able to transmit it to another host.
- Although an arthropod is able to maintain a parasite alive within its body, transmission depends upon its competence as a vector.

Vector potential

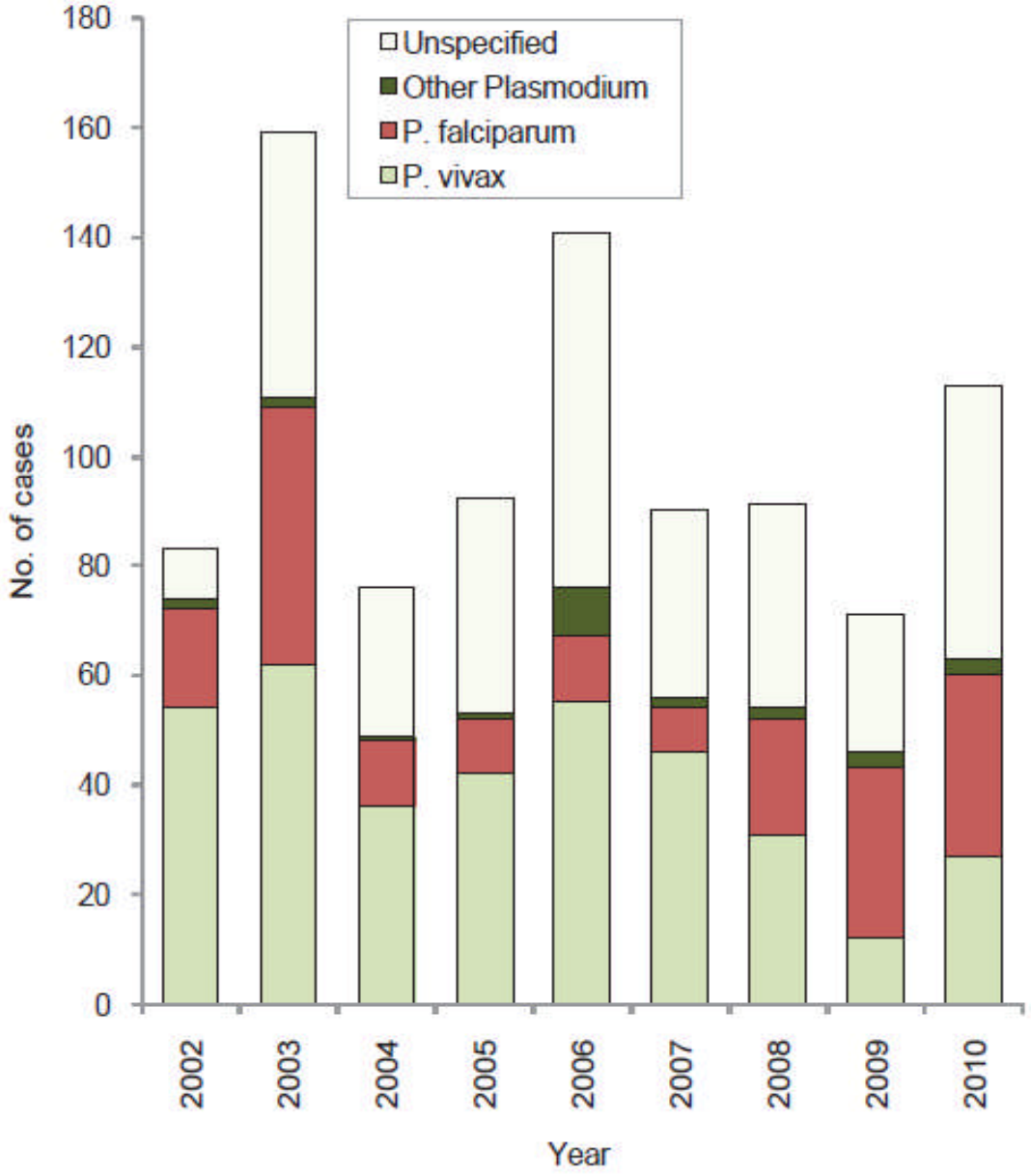
- Mosquito species vary in their vector potential because of environmental conditions and factors affecting their **abundance, blood-feeding behavior, survival, and ability to support malaria parasite development.**

- Sporogony is the complex life cycle of the parasite in female mosquitoes.

- Most individual mosquitoes that ingest gametocytes do not support development to the sporozoite stage.

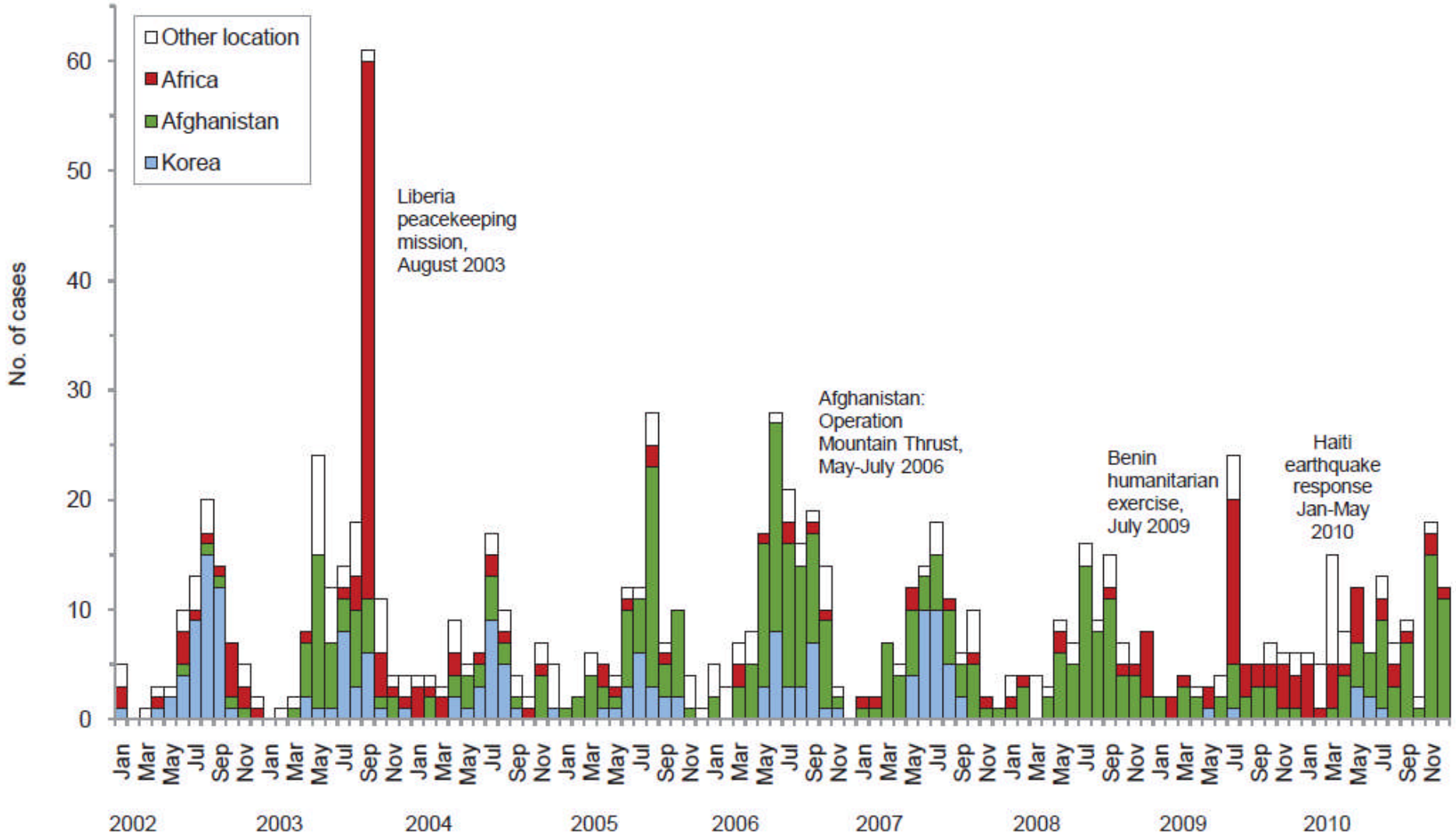
Malaria

Figure 1. Malaria cases among U.S. service members, by *Plasmodium* species and calendar year of diagnosis/report, 2002-2010



Malaria

Figure 2. Malaria among U.S. service members, by estimated location of infection acquisition, 2002-2010



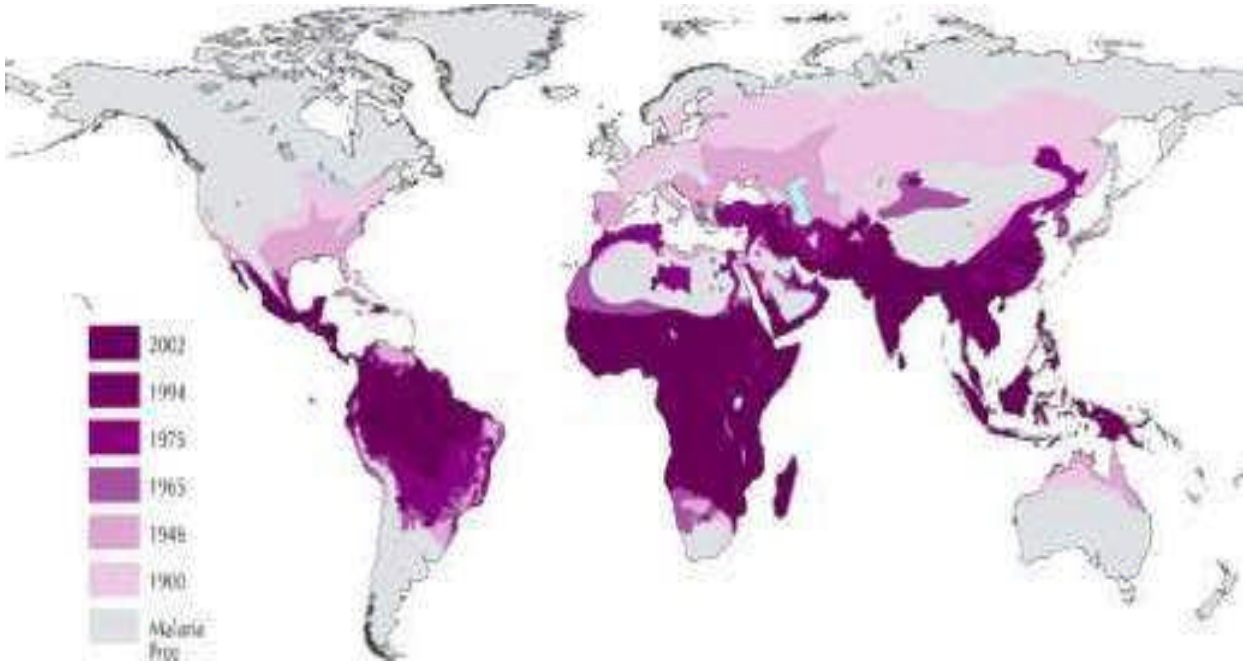
Malaria

Table 2. Number of malaria cases by geographical location of diagnosis or report and presumed location of acquisition, U.S. Armed Forces, 2010

Location of diagnosis/report	Presumed location of infection acquisition					Total	% of total 2010 cases
	Korea	Afghanistan	Africa	Haiti	Unknown		
Bagram/Camp Lacy, Afghanistan	0	24	0	0	0	24	21.2
Landstuhl, Germany	0	6	4	0	0	10	8.8
Fort Bragg, NC	0	1	0	8	0	9	8.0
Portsmouth, VA	0	0	3	1	1	5	4.4
Seoul, Korea	5	0	0	0	0	5	4.4
Fort Wainwright, AK	0	4	0	0	0	4	3.5
Camp Lejeune, NC	0	1	0	3	0	4	3.5
Naval Station Norfolk, VA	0	0	4	0	0	4	3.5
Fort Carson, CO	0	3	0	0	0	3	2.7
Fort Bliss, TX	1	2	0	0	0	3	2.7
Walter Reed Army Medical Center, DC	0	0	0	0	2	2	1.8
Fort Stewart, GA	0	1	0	0	1	2	1.8
Fort Campbell, KY	0	2	0	0	0	2	1.8
Nellis Air Force Base, NV	0	2	0	0	0	2	1.8
Fort Hood, TX	0	0	1	1	0	2	1.8
Naval Mobile Construction Battalion 7 (location unknown)	0	0	2	0	0	2	1.8
Joint Task Force - Horn of Africa	0	0	2	0	0	2	1.8
Other locations (with 1 case each)	0	12	8	1	7	28	24.8
Total (% of total)	6 (5%)	58 (51%)	24 (21%)	14 (12%)	11 (10%)	113 (100%)	100.0

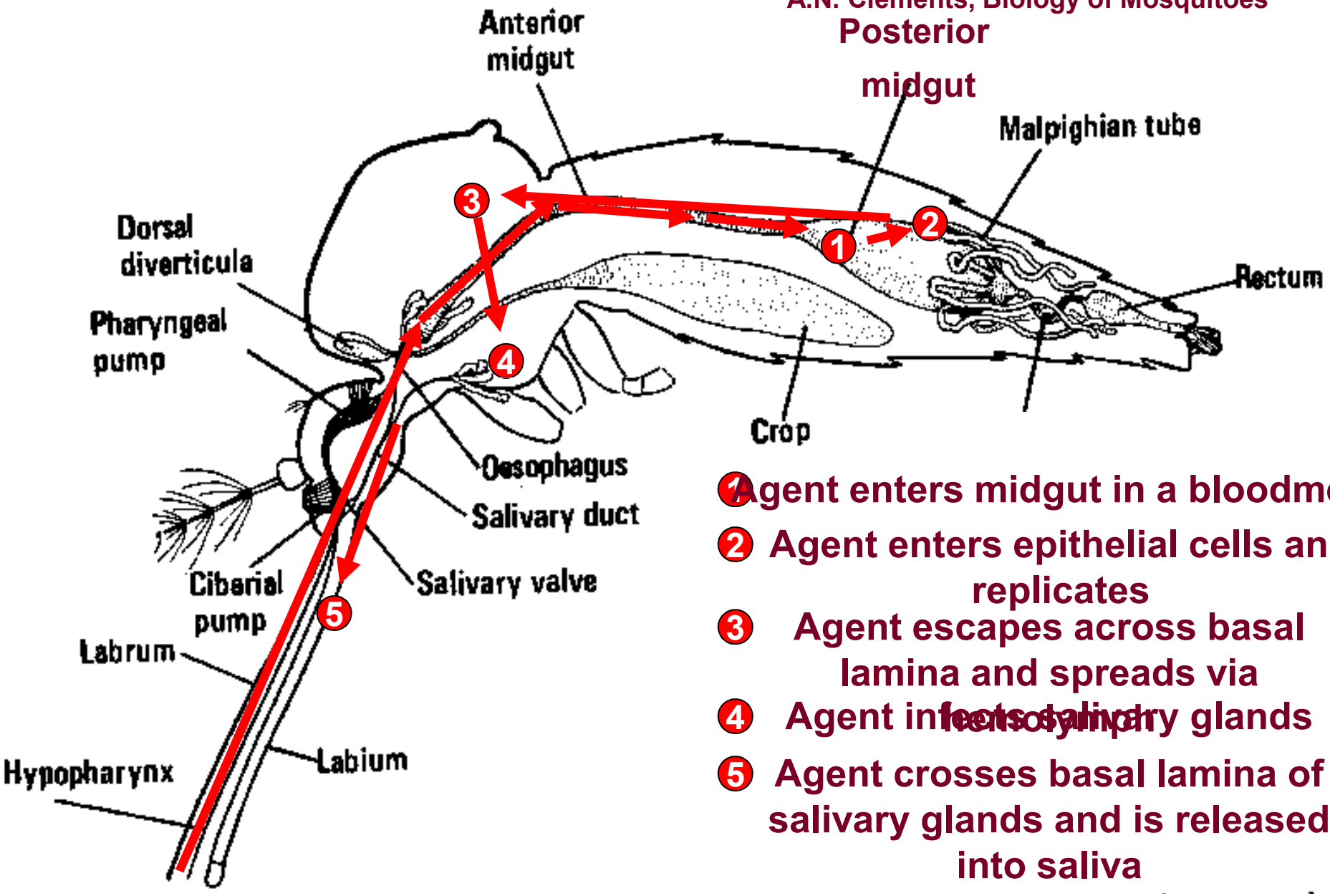
Malaria

- Risk varies geographically
  - Different species of Anopheles mosquitoes.
- Entomological inoculation rate (EIR).
  - An estimate of exposure to infective mosquitoes,
  - EIRs can exceed 1 infective bite per person per night.

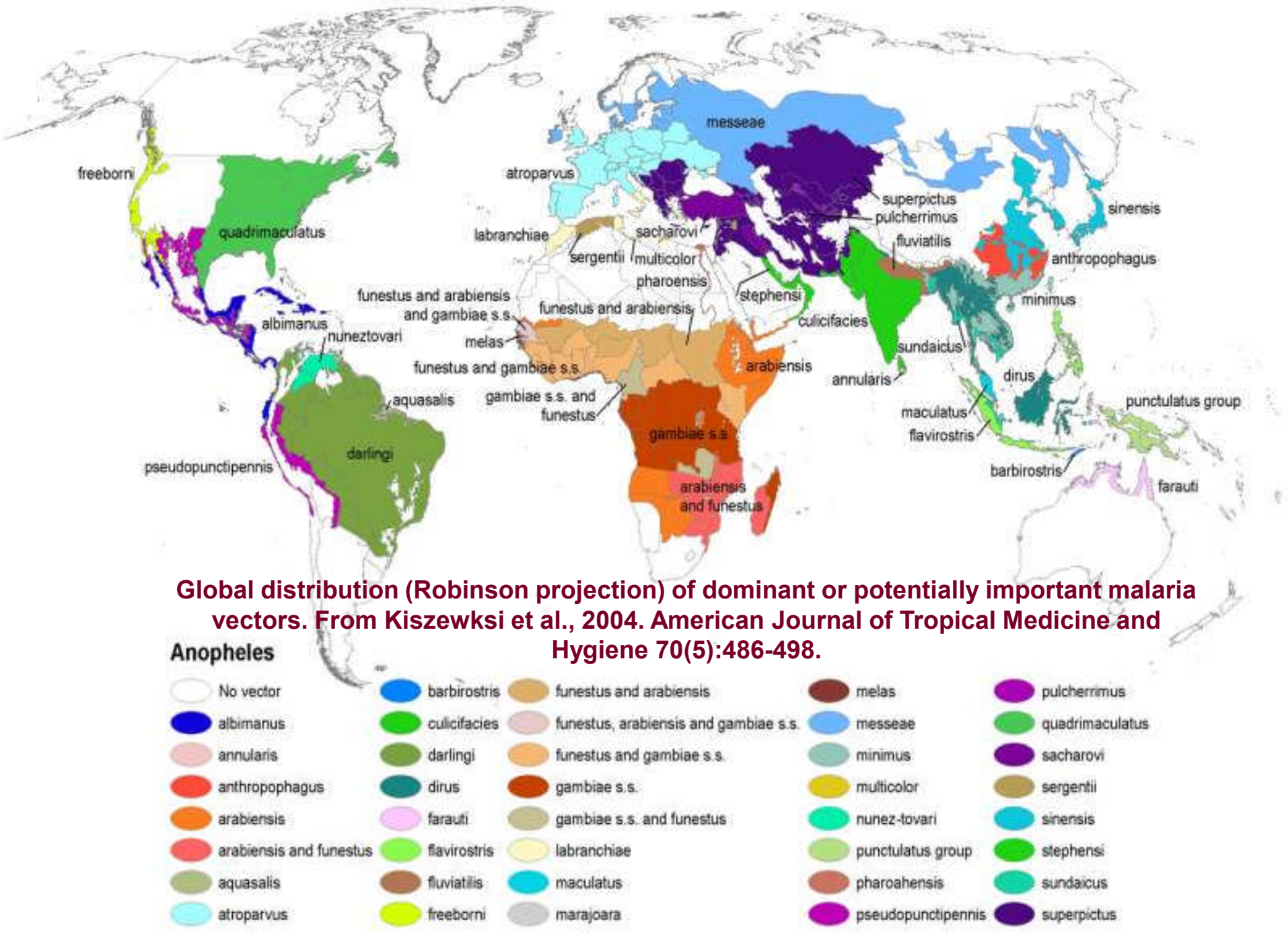


Barriers to Pathogen Transmission

A.N. Clements, Biology of Mosquitoes



1. Agent enters midgut in a bloodmea
2. Agent enters epithelial cells and replicates
3. Agent escapes across basal lamina and spreads via hemocoel
4. Agent infects salivary glands
5. Agent crosses basal lamina of salivary glands and is released into saliva



Global distribution (Robinson projection) of dominant or potentially important malaria vectors. From Kiszewksi et al., 2004. American Journal of Tropical Medicine and Hygiene 70(5):486-498.

Biology of *Anopheles spp.*

Eggs

- Eggs are laid individually on the water surface and are kept afloat by air chambers (floats).
- Females lay batches of 75 to 150 eggs.
- The eggs hatch after two or three days at temperatures of 25-30ºC.
- At lower temperatures, this period can be longer, and the eggs can resist total or partial desiccation in moist soil for many days.

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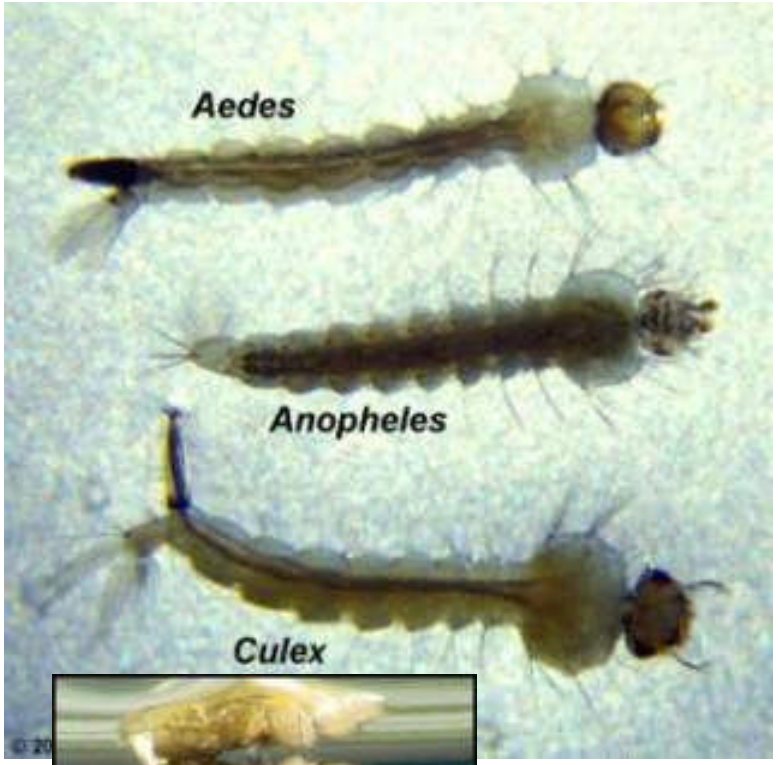
Biology of *Anopheles spp.*

Larvae

- Characteristic resting position, lying parallel to the water surface.
- Larval development takes around 5 to 7 days.
- Larval habitat varies with species.

Pupae

- Pupae do not eat.
- Metamorphosis of the larva into an adult.
- It lasts from two to three days.



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Biology of *Anopheles spp.*

Adult:

- Live from 3 to 4 weeks.
- Feeding occurs at night.
- Host preference varies by species.
- **Indoor vs. outdoor feeding**

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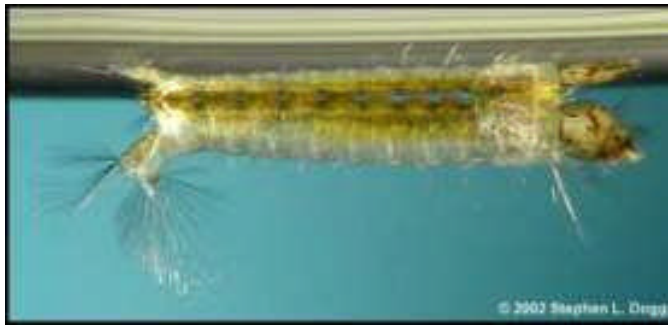
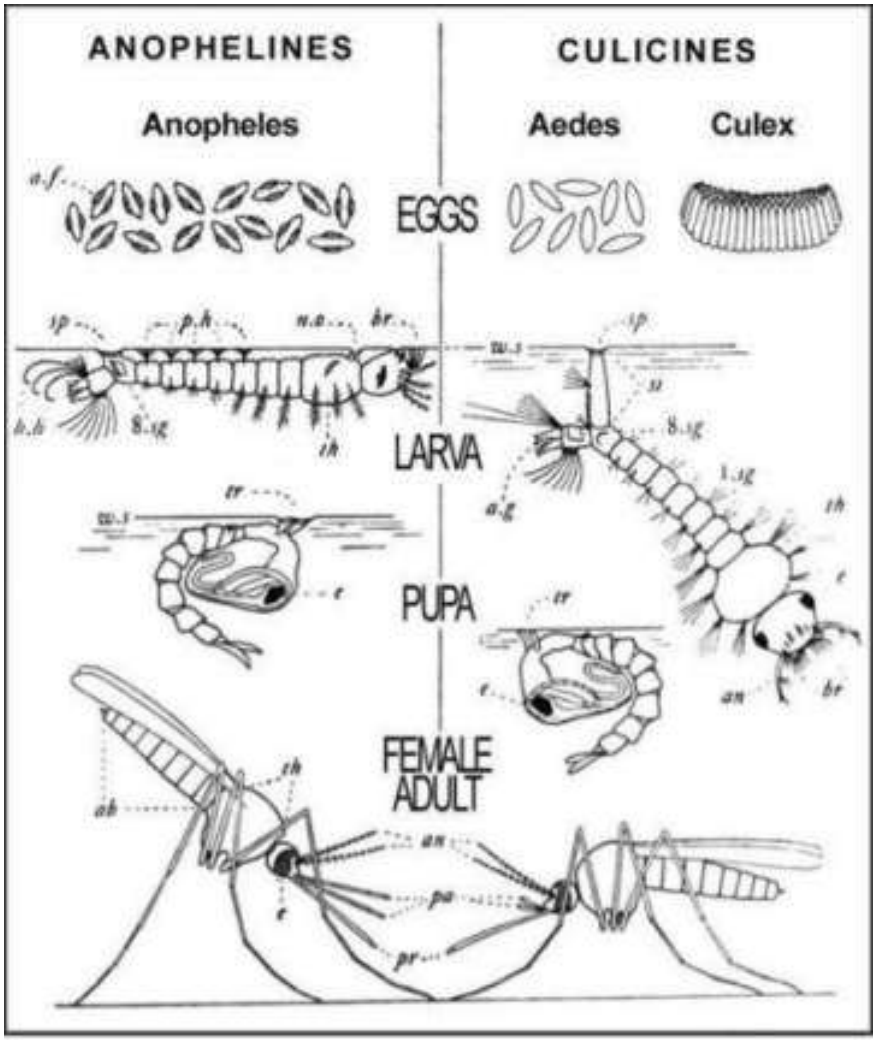
Biology of *Anopheles spp.*

- Larvae lack a siphon
- Larvae rest parallel to water surface
- Adults hold body at an angle of 30º degrees or more with the surface.





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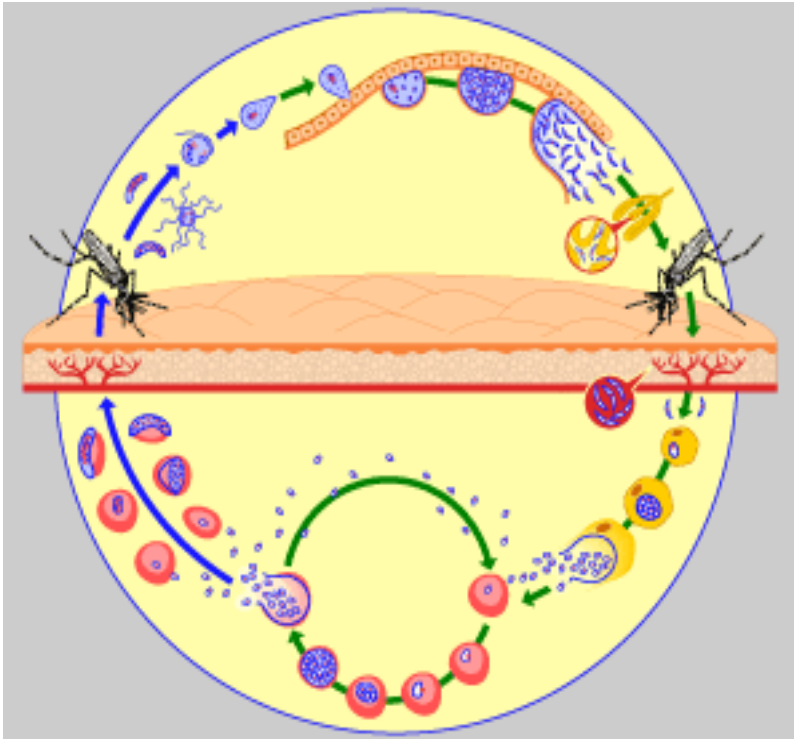
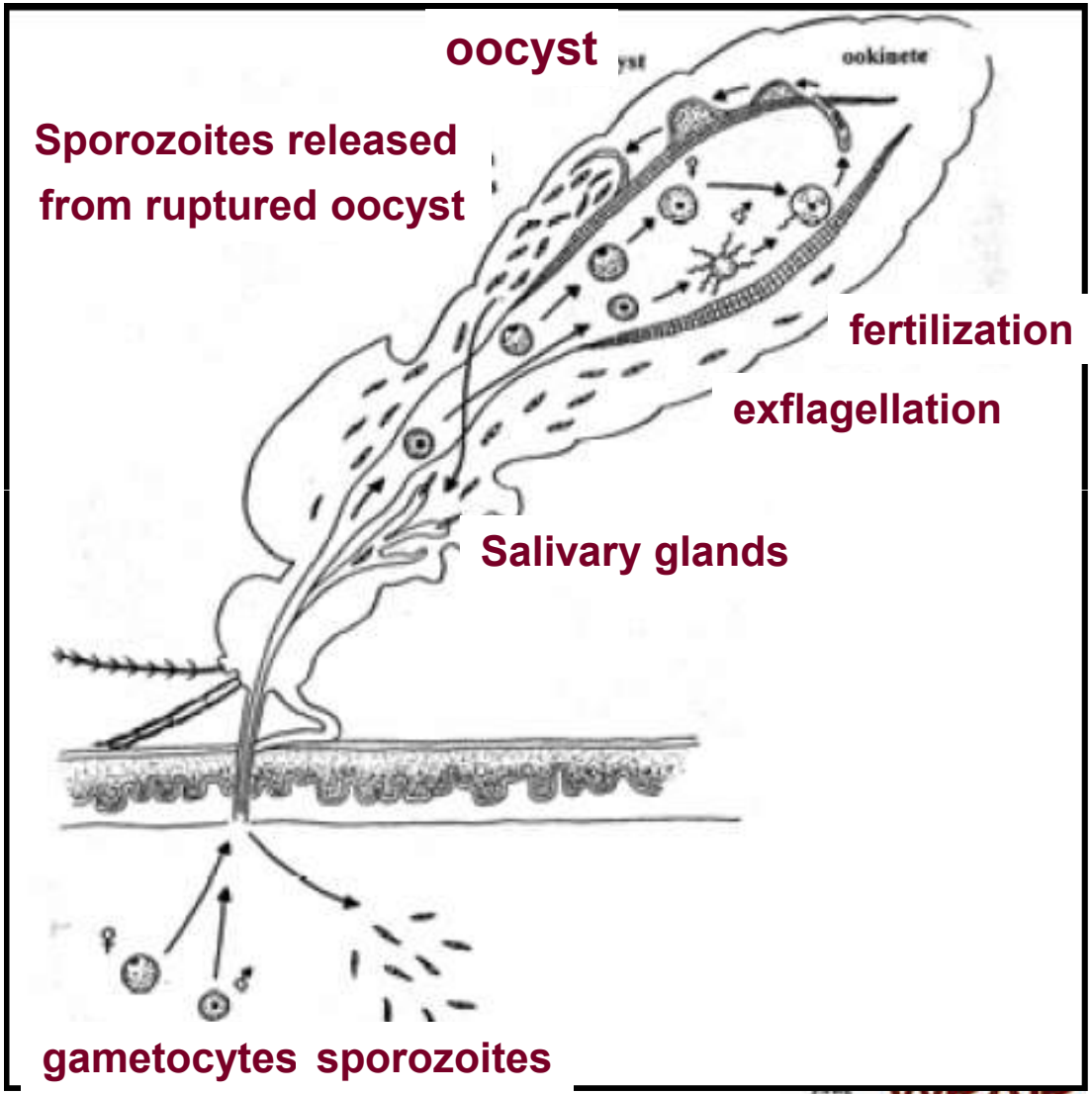
Blood required for egg development

Life cycle of *Plasmodium*

- **Mosquito:** Sexual



- **Man:** Asexual



P. falciparum Transmission Cycle

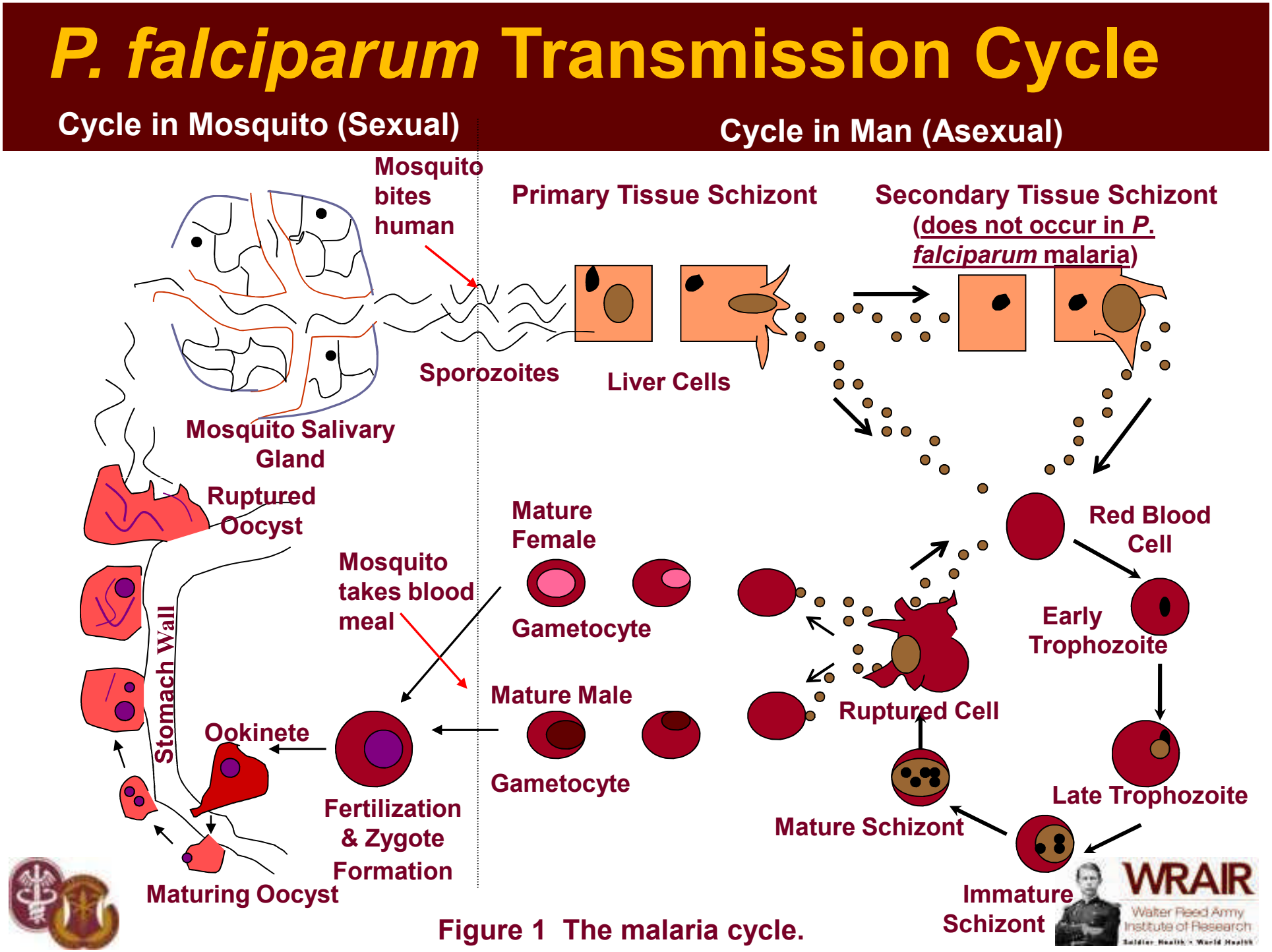


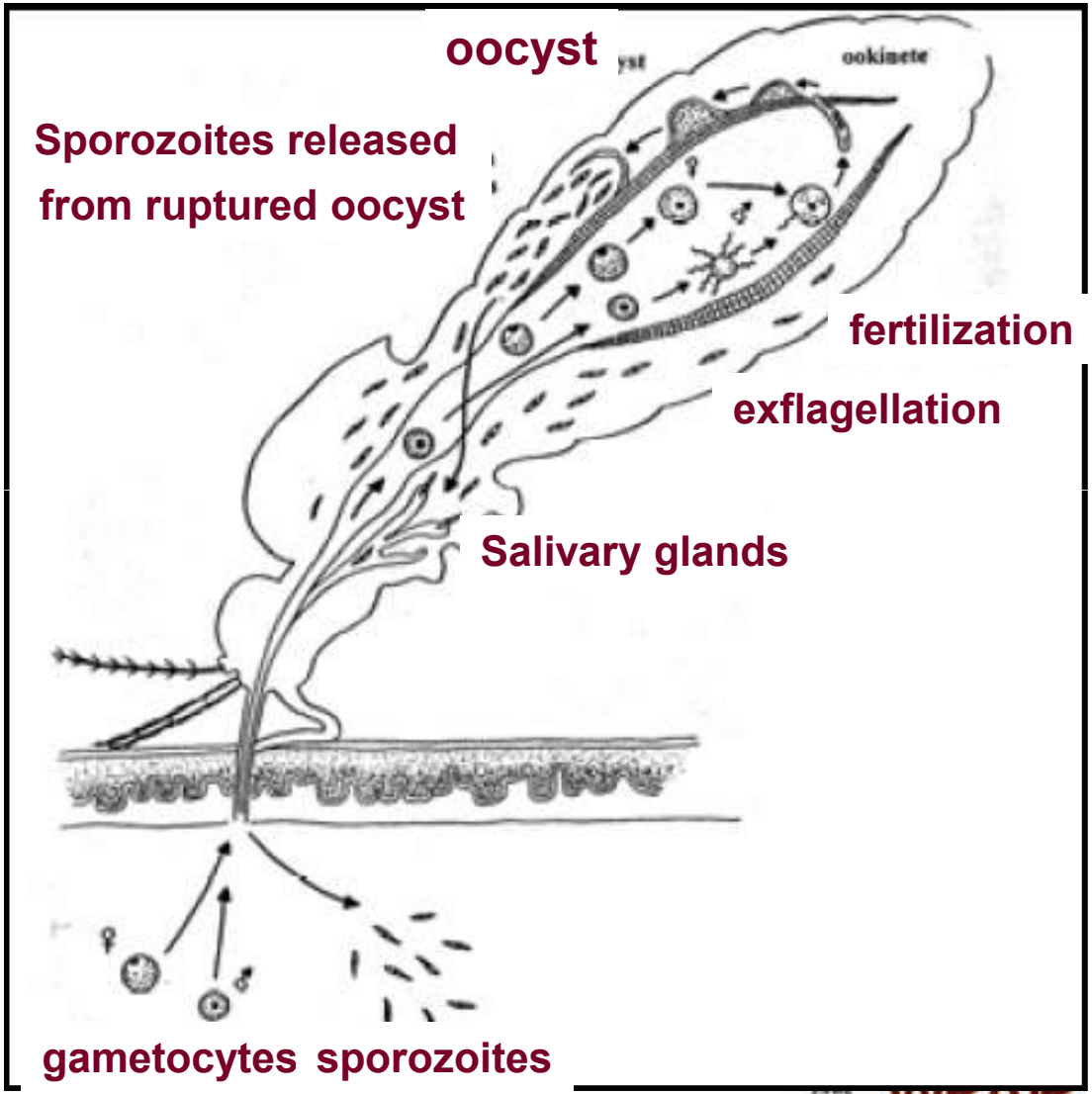
Figure 1 The malaria cycle.

Life cycle of *Plasmodium*

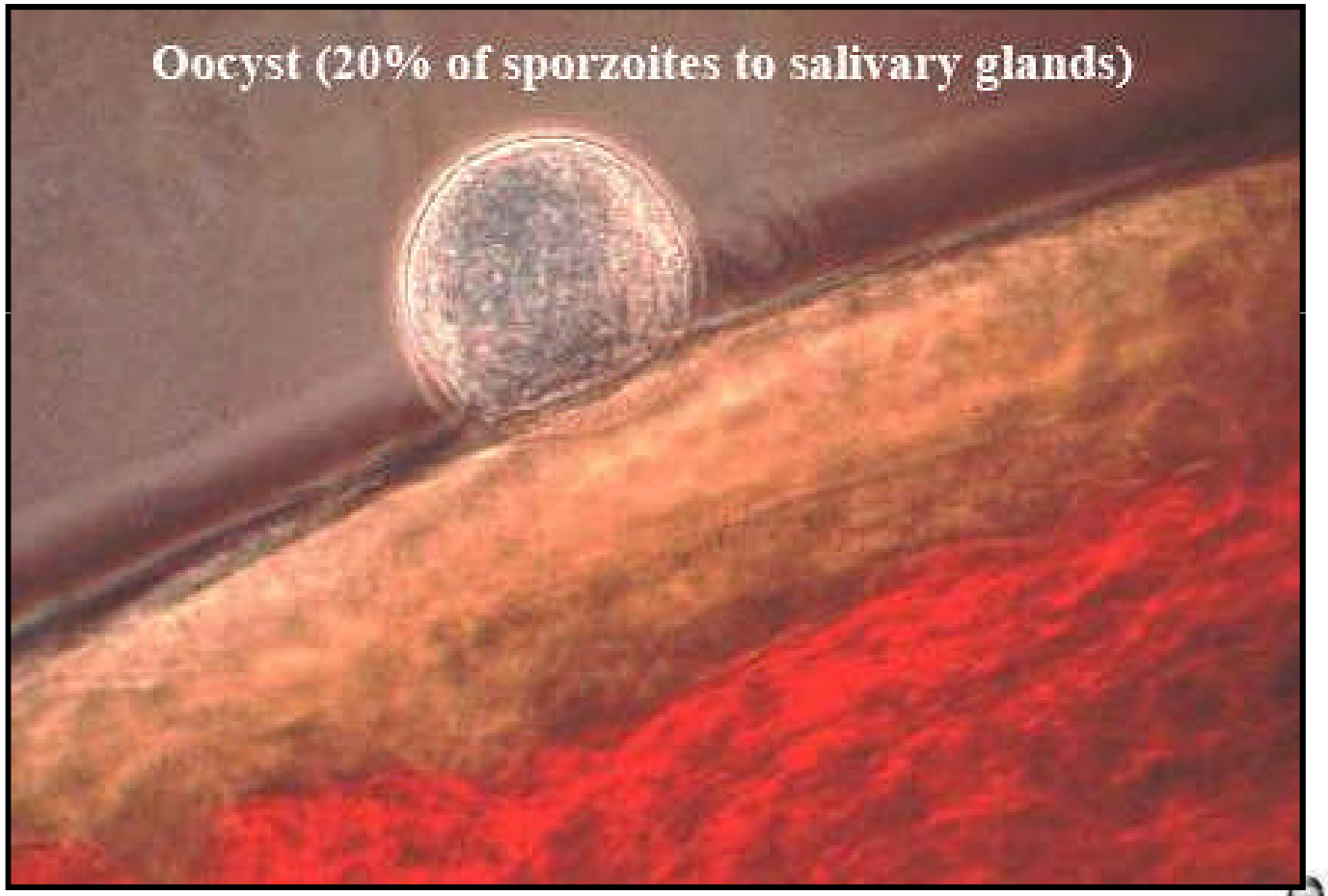
1. Mosquitoes acquire **gametocyte-stage** parasites.

2. The parasites transform to ookinetes, then oocysts, which produce sporozoites.

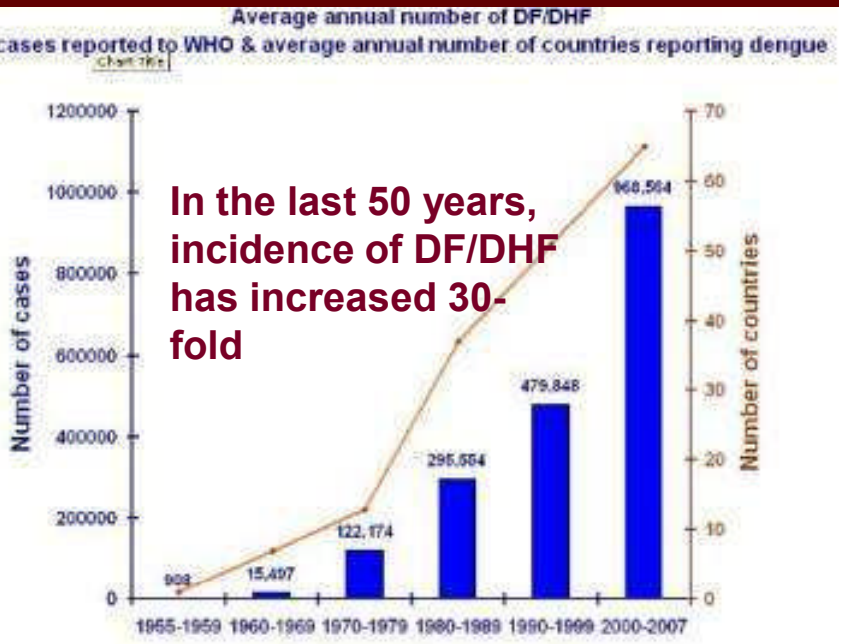
3. **Sporozoites** invade the salivary glands and are transmitted to new host.



Life cycle - Sexual stage



Dengue



In the last 50 years, incidence of DF/DHF has increased 30-fold

- Endemicity has increased from 9 countries to over 100 countries since the 1970s
- The dengue transmission cycle occurs in the US
- No vaccine; treatment basically limited to supportive care
- Seroprevalence study; add to SRP?

Dengue virus vectors

Ae. albopictus

Ae. aegypti

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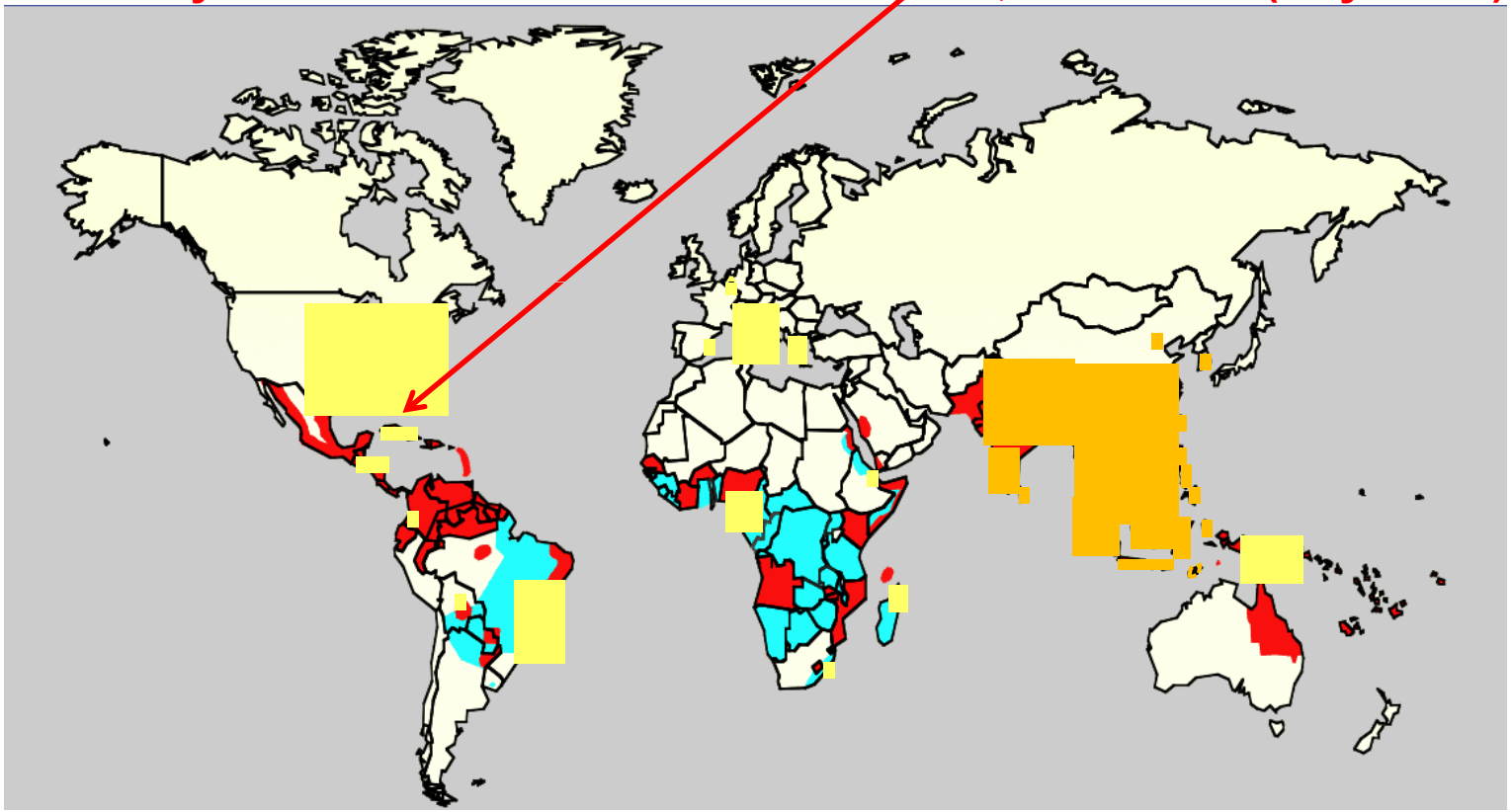
-First case of secondary transmission in Miami in 50 years in Nov 10; 2 cases in 2011
-First case of secondary transmission in Tampa diagnosed in Oct 2011

"Dengue virus returns to Florida after more than 50 years, UF researchers say" UF News, 23 Nov 09

-27 locally transmitted cases confirmed in 09, 66 in 2010 (Key West)



Epidemic dengue:
Ae. aegypti distribution:
Ae. albopictus native range:
Ae. albopictus introduction since Dec 07:

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Feeding Habits – *Ae. albopictus*

- *Aedes albopictus* prefers to feed and rest outdoors.
- Feeds during daytime (diurnal)
- Feeds on any vertebrate host but prefers humans

Aedes albopictus

Aedes comparison

	Ae. aegypti	***Ae. albopictus***
Environment	**Urban**	**Sylvatic***
Breed/feed	**Indoors(< 200m)**	**Outdoors**
Container type	**Artificial**	**Natural and artificial**
Biting peak	**Daytime**	**Dusk**
Host	**Human**	**Human/Vertebrates**
Flight Range	**< 200m**	**< 600m**

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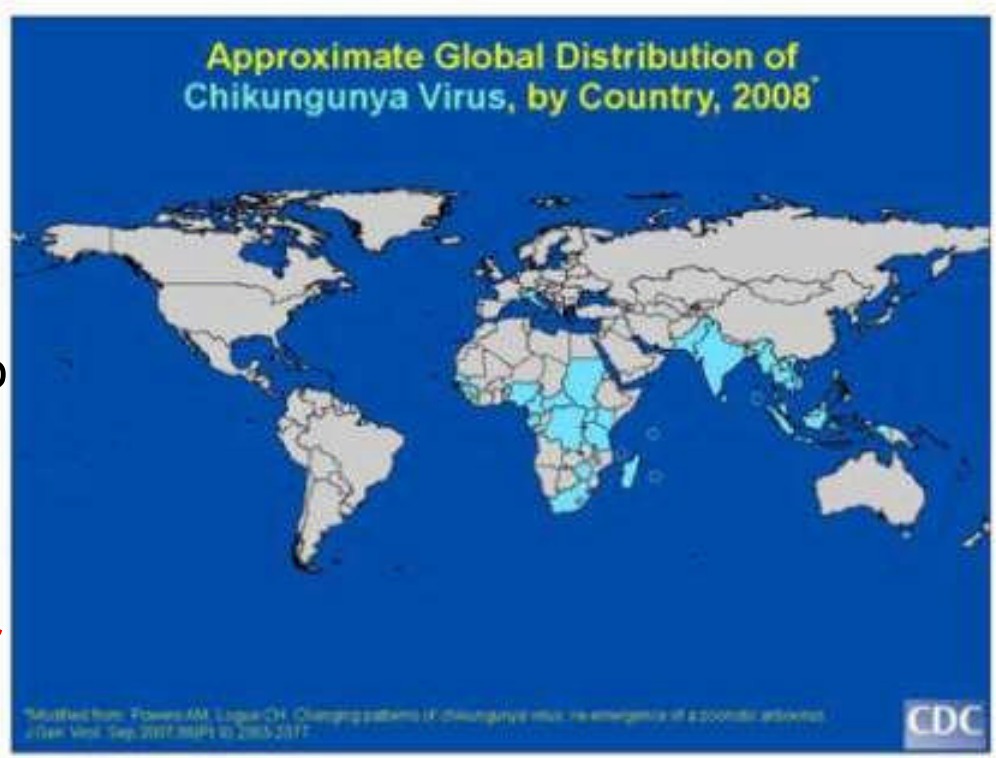
Chikungunya Fever

- Mosquito-borne virus
- Like dengue, traditional vector is *Ae. aegypti* but *Ae. albopictus* is competent vector; equivalent eradication challenges
- Symptomology also comparable to dengue
- Continuous outbreaks since 2005 in Europe, Asia & Africa, to include areas not previously endemic; over 200 cases in Italy in 2007
- Jun 11- Based on genomic studies from an outbreak of 480 cases in DRoC, *Ae. albopictus* is being considered as a more critical vector



•Over 1,100 cases Jan - April 2009 in Malaysia

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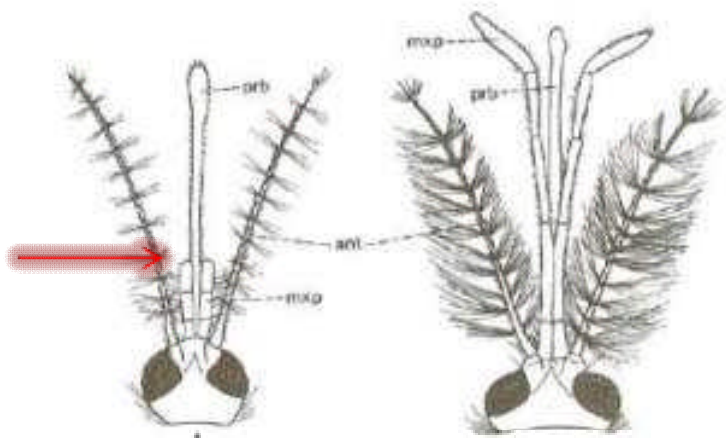
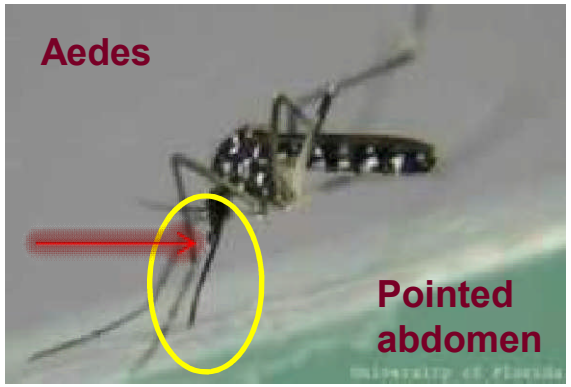
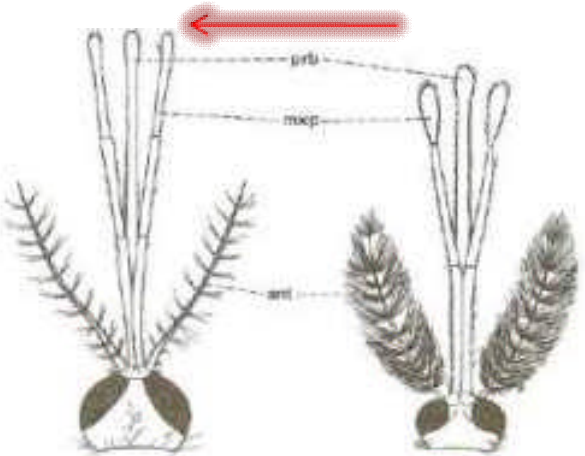
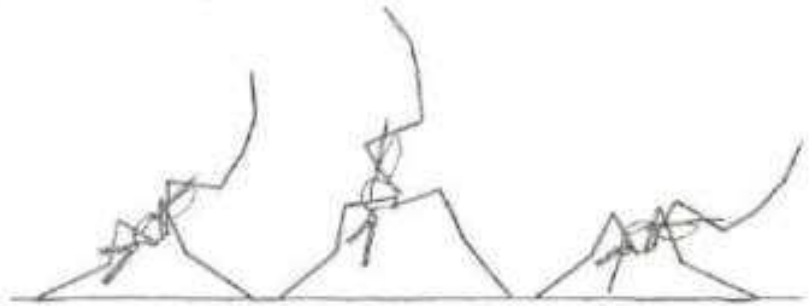
Mosquito Vectors (Culicidae)



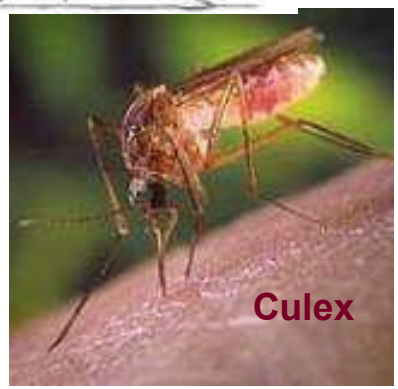


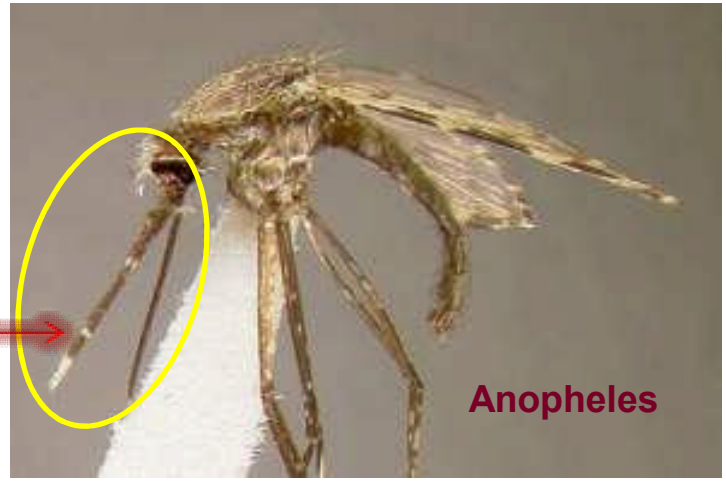


Length of palps compared to proboscis

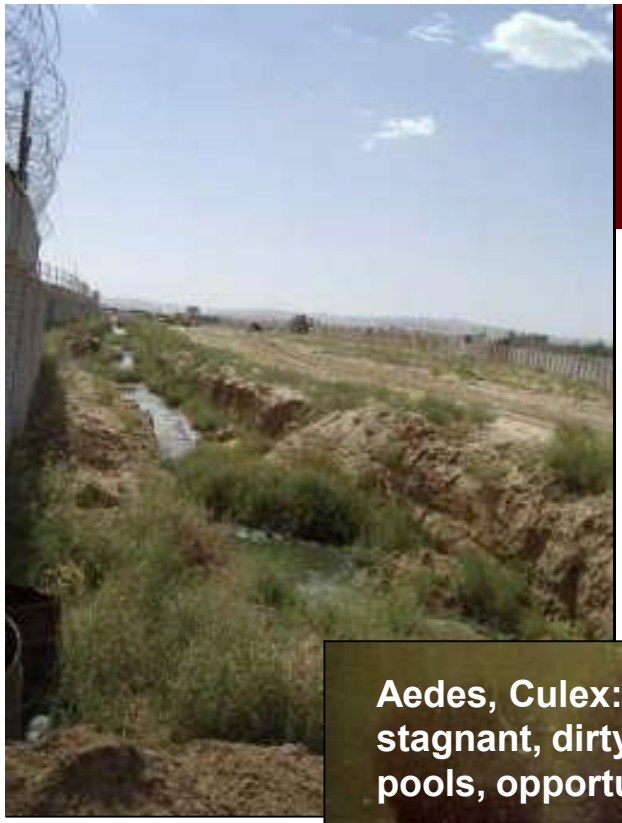


Feeding behavior

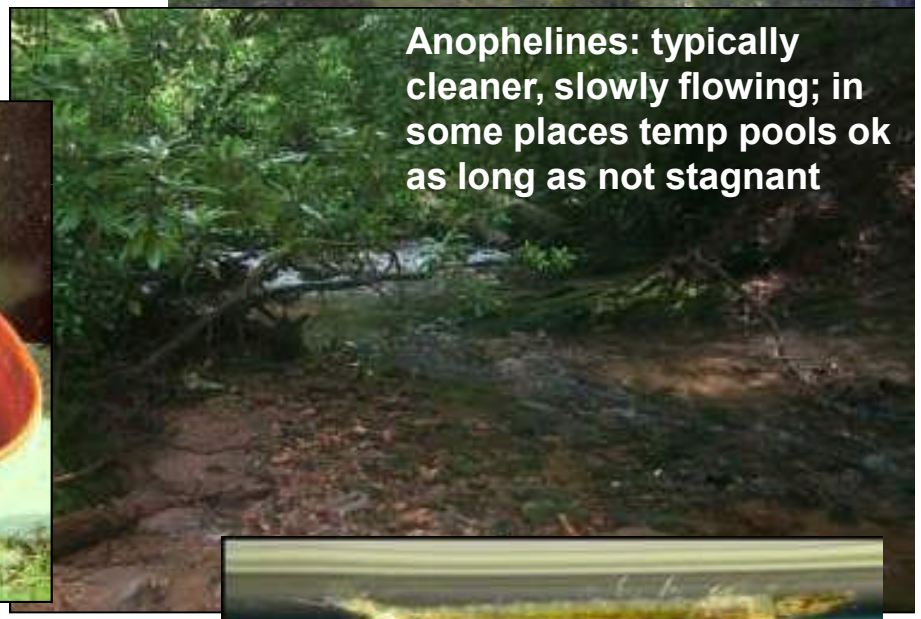




Behavior & Habitat



Aedes, Culex: stagnant, dirty, temp pools, opportunistic



Anophelines: typically cleaner, slowly flowing; in some places temp pools ok as long as not stagnant

Aedes, Culex: body hangs down from the surface; uses breathing tube

Anopheles: parallel to surface; spiracular plates on 8th abdominal segment

Leishmaniasis

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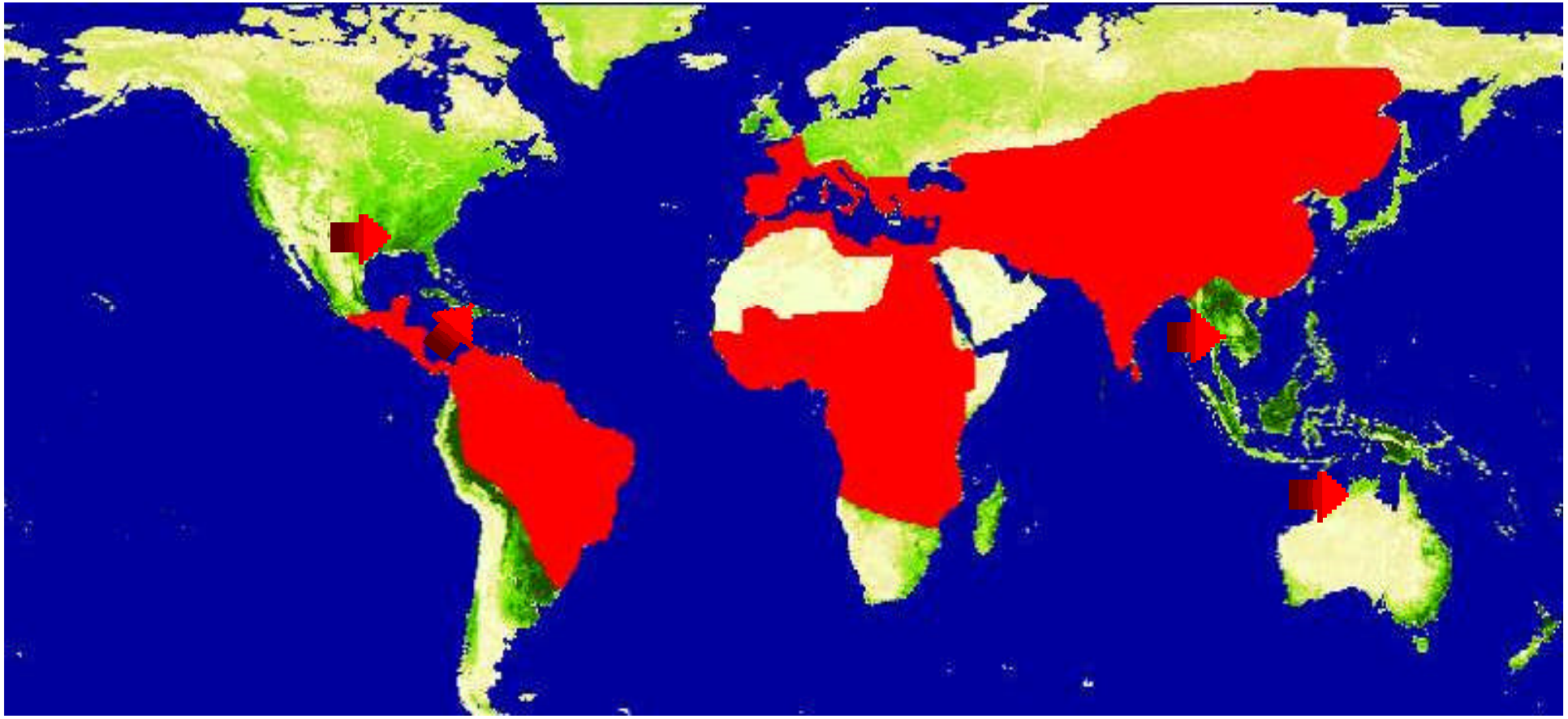
Global distribution of the leishmaniases



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Mucocutaneous leish from French Guyana

The Epidemiological Triangle

Enzootic Cycle

Sand fly

Mammalian Reservoir

Incidental Host

Man and his Activities

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Soldier Health • World Health

Psammomys obesus

Chenopods

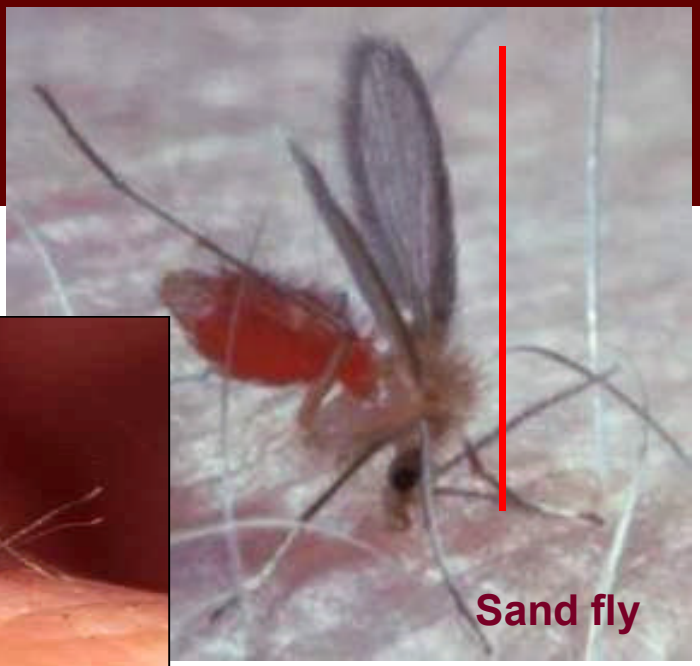
***L. major* enzootic cycle**

Characteristics

- Small (2-3 mm)
- Brown (but appear white when illuminated)
- Wings held in erect V-shape
- Nocturnal
- Do not hover
- Silent
- Painful bite

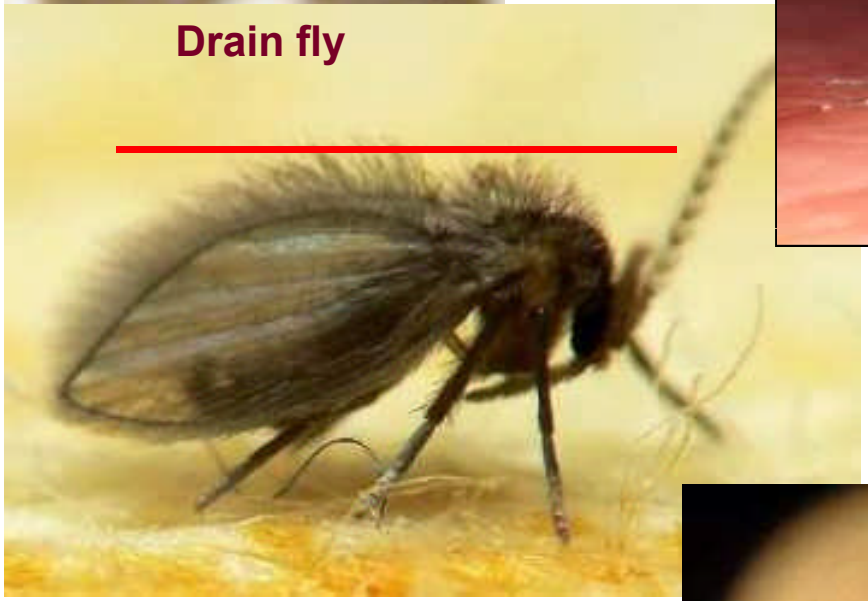
Psychodidae: Leishmaniasis

Drain fly



Sand fly

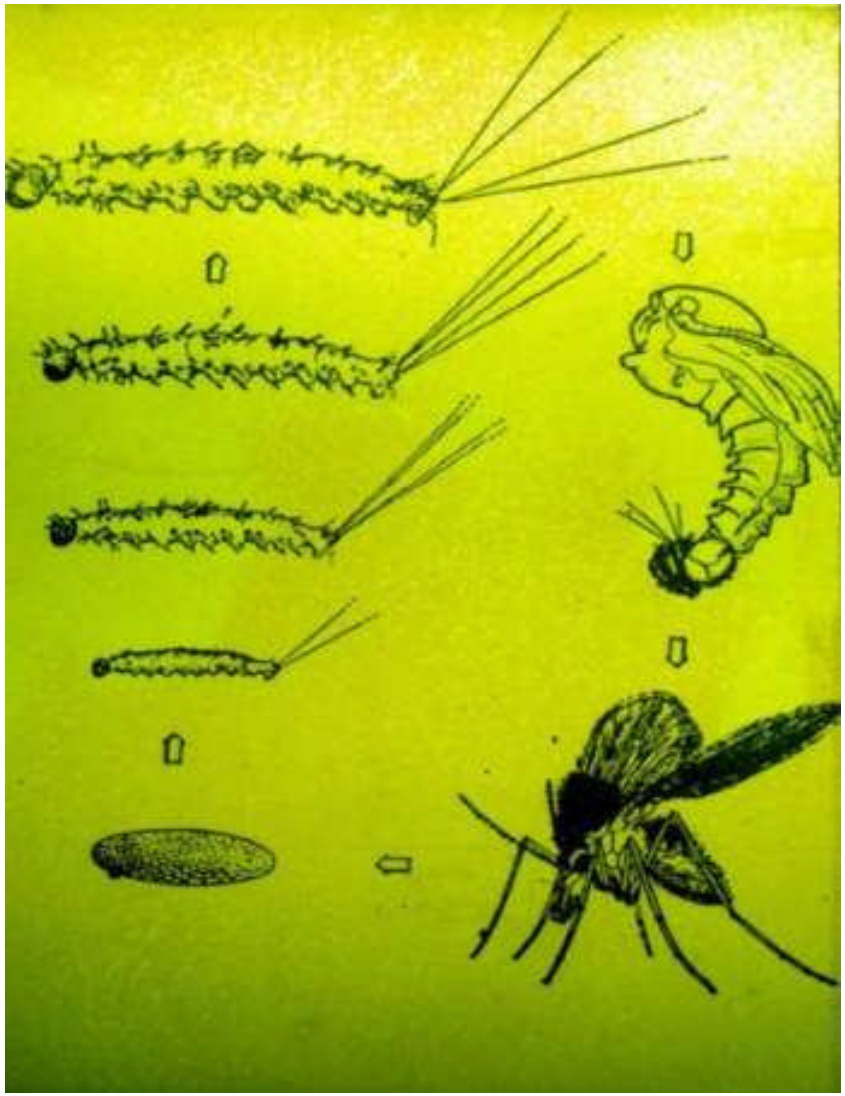
Phlebotomus (Old World) and Lutzomyia (New World) spp.



Damp habitats, plumose antennae, larger, broader wings, more hair; sand fly always holds its wings up and away from its body, not flat like a drain fly

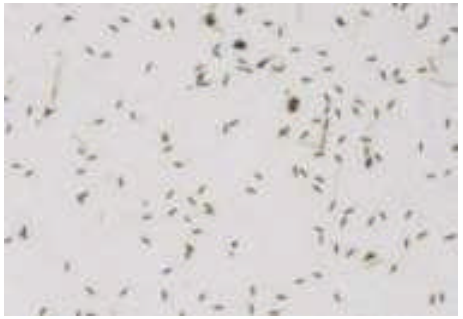
Life cycle and developmental stages

Fourth instar larvae



Life cycle

Adult male



Eggs

Adult female

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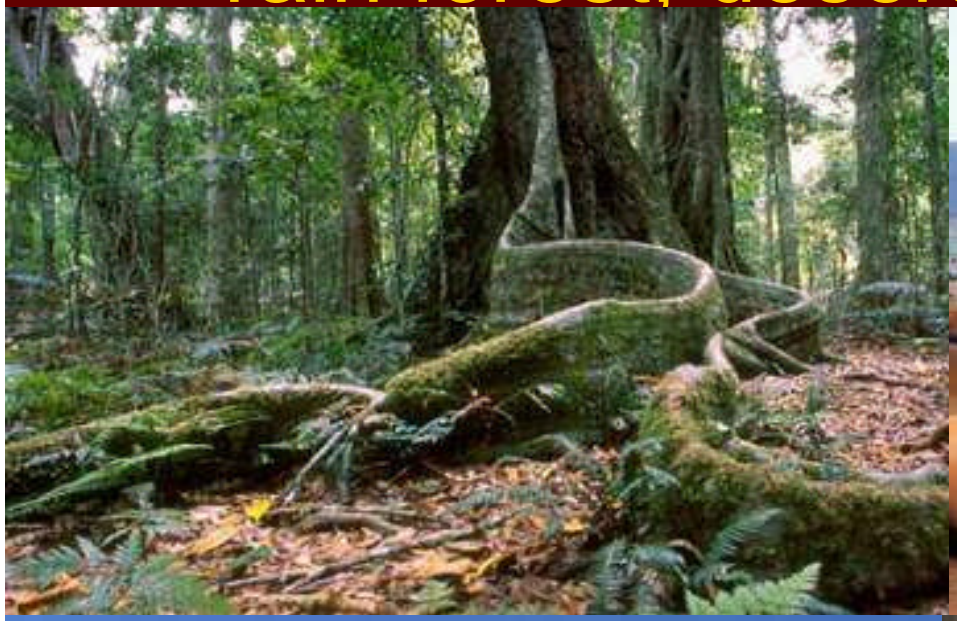
Sand flies – vital requirements

- Larvae breed in soil (not aquatic)
- Only females take blood, from a variety of vertebrate species
- Rest during the day in dark, humid microhabitats
- Both sexes require sugar as an energy source

Sand flies resting on wall of a chicken house

Variable Habitats:
rain forest, desert, mountains, cities



Tick-borne Diseases

African tick-bite fever (ATBF)

- an emerging infectious disease endemic in sub-Saharan Africa
- the most commonly encountered rickettsiosis in travel medicine.
- *Rickettisia africae*
- *Amblyomma variegatum*

1. Ndip et al., 2011. Risk Factors for African Tick-Bite Fever in Rural Central Africa. *Am. J. Trop. Med. Hyg.*

2. Raoult et al., 2001. *Rickettsia africae , a tick-borne pathogen in travelers* to sub-Saharan Africa . *N Engl J Med*

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Crimean Congo Hemorrhagic Fever

- **Sep 09: First US Soldier death from CCHF since WWII; acquired in AFG (Arghandab Valley)**
- Tick-borne virus (*Hyalomma*); 30% mortality rate
- **Can also be transmitted by exposure to fresh infected blood (human or animal)**
- Endemic in many countries in Africa, Europe, Asia and the Mediterranean; since 2001 cases or outbreaks have been recorded in Kosovo, Albania, Iran, Pakistan, and South Africa
- **Most widely distributed HF in the world**
- **Austere conditions ("the surge") increase the likelihood of transmission; fewer "tick checks", formal or informal**
- **Some success with ribivarin treatment; intensive monitoring of blood volume and component required**

Tick Removal

U. S. Army Center for Health Promotion and Preventive Medicine

REMOVE TICKS PROMPTLY

* If a tick is found attached to the body (Figure 1), seek assistance from medical authorities for proper removal, or follow these guidelines:

(1) **Grasp the tick's mouthparts** against the skin, using pointed tweezers (Figure 2).

(2) **Pull back** slowly and steadily with firm force.

(a) Pull in the reverse of the direction in which the mouthparts are inserted, as you would for a splinter (Figure 2).

(b) **BE PATIENT** – The long, central mouthpart (called the hypostome) is inserted in the skin. It is covered with sharp barbs, sometimes making removal difficult and time-consuming (Figure 3, inset).

(c) Most ticks secrete a cement-like substance during feeding. This material helps secure their mouthparts firmly in the flesh, further adding to the difficulty of removal.

(d) It is important to continue to pull steadily until the tick can be eased out of the skin (Figure 3).

(e) **DO NOT** pull back sharply, as this may tear the mouthparts from the body of the tick, leaving them embedded in the skin. If this happens, do not panic. Embedded mouthparts are comparable to having a splinter in your skin. Mouthparts alone cannot transmit disease because the infective body of the tick is no longer attached. However, to prevent the chance of secondary infection, it is best to remove them. Seek medical assistance if necessary.

(f) **DO NOT** squeeze or crush the body of the tick because this may force infective body fluids through the mouthparts and into the wound site.

(g) **DO NOT** apply substances such as petroleum jelly, finger nail polish, finger nail polish remover, repellents, pesticides, or a lighted match to the tick while it is attached. These materials are either ineffective, or worse, might agitate the tick and cause it to force more infective fluid into the wound site.

* Following removal of the tick, wash the wound site (and your hands) with soap and water and apply an antiseptic.

* **Save the tick** for future identification should you later develop disease symptoms. Preserve it by placing it in a clean, dry jar, vial, small Ziploc plastic bag, or other sealed container and keeping it in the freezer. Identification of the tick will help the physician's diagnosis and treatment, since many tick-borne diseases are transmitted only by certain species.

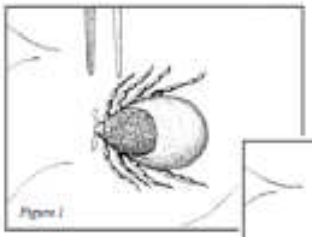

Figure 1

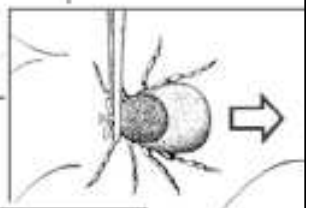

Figure 2

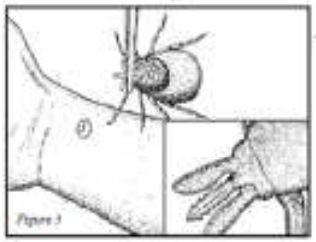

Figure 3

* You may discard the tick after one month; all known tick-borne diseases will generally display symptoms within this time period.

* A tick needs a blood meal from a host in order to molt (progress to the next stage of its life cycle), and to reproduce (lay eggs). This feeding process continues for several days to a week until the tick is fully engorged with blood. It then releases its hold on the host, drops off, and subsequently molts or lays eggs.

* If the tick is infected with pathogenic organisms (for example, *Borrelia burgdorferi*, the agent of Lyme disease), it can transmit the infection to the host during the feeding process. As the tick feeds, the pathogens multiply, migrate to the tick's salivary glands, and are carried into the wound site along with the saliva.

* Successful transmission of pathogens requires the tick to be attached for at least several hours. Therefore, the sooner infective ticks are removed, the less likely they will be able to transmit infection. It is impossible to tell if a tick is infected just by looking at it. Only analysis in a laboratory can determine infection status.

Entomological Sciences Program, Aberdeen Proving Ground, Maryland 21010-5403
October 2003

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Soldier Health • World Health

Chagas
(American Trypanosomiasis)

Romana's Sign from fecal contamination

7 known US autochthonous cases in 2008

- Multiple modes of transmission: vector, oral, congenital, transfusion, organ transplant, food-borne
- Curative treatment only possible in acute phase; <1% diagnosed in that phase; chronic disease will shorten lifespan due to cardiac effects
- Zoonotic (dogs are also a host)- increases difficulty of eradication
- Transmission occurs in the US (Red Cross believes 300,000+ in US are infected)
- Increasing cases of food borne Chagas; ecological influences? mission impact? increased caution regarding local food sources? US transmission concerns?

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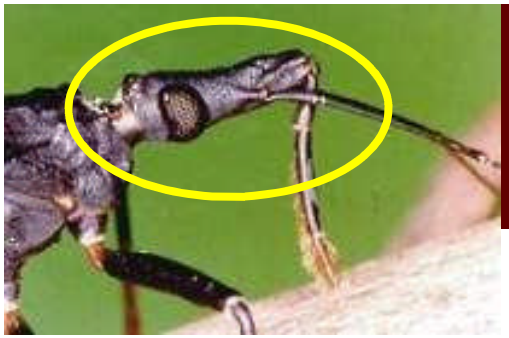
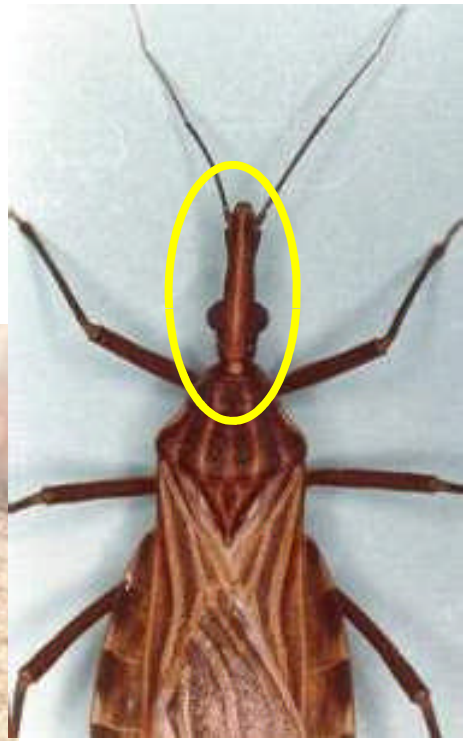


Reduviidae: Chagas

Kissing bugs

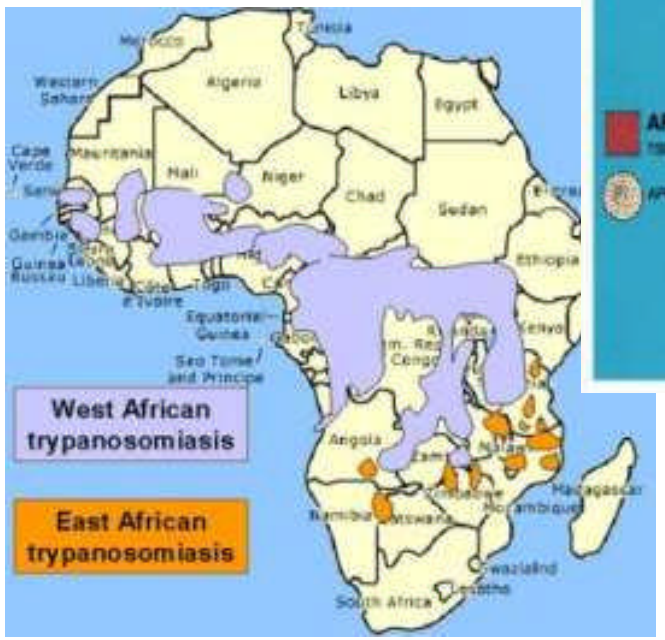
Triatoma infestans



Rhodnius Prolixus

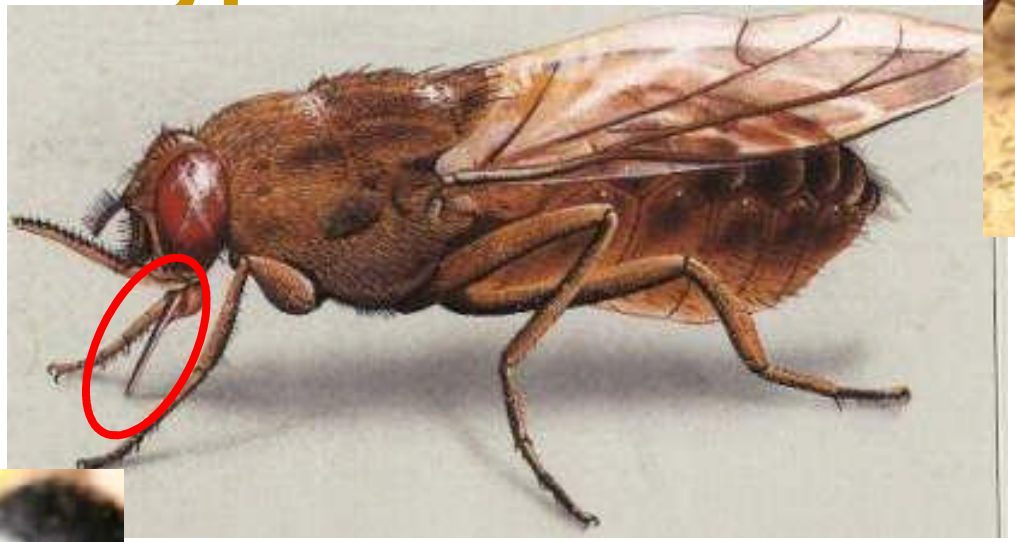
Assassin bugs

HAT and Nagana

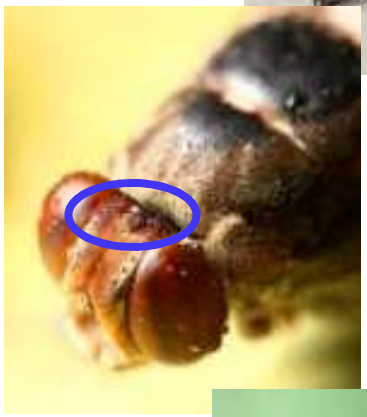


Over 50% of the landcover in Africa is considered “highly suitable” to the tsetse fly

Glossinidae: African Trypanosomiasis



Muscidae sp.



Glossinidae sp.

Distinct features: long proboscis, calyptrate attenae, ptilinal suture, the wings overlap completely when held over the abdomen, the discal medial (i.e. the middle) cell of the wing has a characteristic hatchet shape; and it has more bulk than the Muscidae flies.

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Prevention

WHAT CAN YOU DO TO MINIMIZE RISK?

- Find out what the priority risks are in your area before you deploy.
- Understand the vectors so you can avoid them.
- Modify behaviors to minimize contact
  - Use **repellents**
  - Sleep under insecticide treated netting
  - Wear permethrin treated uniforms
- Take malaria chemo (if warranted)
- Call for help:
  - AFPMB (CLO) : afpmb-webmaster@osd.mil: subject CLO question
  - PHC, Ento Division

Standard Military DEET Skin Repellent

33% Controlled-Release DEET Lotion: NSN 6840-01-284-3982

Highest rated skin repellent available (Consumer Reports, May 2003)

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CDC recommended repellents

- Of the active ingredients registered with the EPA, products containing these active ingredients typically provide longer-lasting protection than others:

DEET, Picaridin, and IR3535

- The three non-DEET compounds work as well as or nearly as well as DEET when they are used at higher concentrations (~20%).

http://www.cdc.gov/ncidod/dvbid/westnile/repellentupdates.htm

http://www.epa.gov/pesticides/health/mosquitoes/ai_insectrp.htm

http://www.entomology.wisc.edu/mosquitosite/topicalrepel.html

Picaridin

- Picaridin is a colorless, nearly odorless liquid active ingredient that is recommended by the CDC as an alternative to DEET.
- Lab and field studies of products containing picaridin (10-20%) indicate good protection.
- 7.5% products are not as effective.

- Natrapel, 20%, 3.5-oz. Pump Spray
- Cutter Advanced, 7%, 6-oz. Pump Spray
- Off Skintastic, 5%, 6-oz. Pump Spray

IR3535

- IR3535 is recommended by the CDC as an alternative to DEET.
- IR3535 is a synthetic insect repellent structurally similar to a natural amino acid, beta-alanine and is classified as a biopesticide by the EPA.
- This compound has been used as a mosquito repellent in Europe and Asia for 10-20 years
- Approved by the U.S. EPA in 1999.
- IR3535 is currently available in the Avon Skin-so-soft Bug Guard 7.5%

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Treated Uniforms

- A new training briefing on permethrin-treated Flame-Resistant Army Combat Uniforms (FR ACUs) has been released –CAC REQUIRED
- https://www.us.army.mil/suite/doc/28282876
- https://peosoldier.army.mil/newpeo/ContactUs/faqs/fracu.asp

Bed nets

Enhanced BedNet System 3740-01-546-4354

Improved Bed Net System 3740-01-543-5652

Bed net, Pop-up, self-supporting

Coyote Brown 3740-01-518-7310

OD Green (Camo) 3740-01-516-4415

NSN 3740-01-518-7310- CL 0X item, must be ordered through CL IX SARSS

The pop-up bed net is factory-treated with permethrin and has much finer mesh than the standard military bed net.

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Myth Busters

- No evidence that eating garlic or taking vitamin B tablets reduces mosquito bites.
- Dark clothing is usually more attractive than light colored clothing.
- Drinking alcohol may increase your attractiveness to mosquitoes.

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Myth Busters

- Some mosquito control devices use repellents to protect a small outdoor area like a patio.
- No products approved by the EPA for indoors.
- Effective devices which use **allethrin** or other **pyrethroids** to repel mosquitoes include:
  - Mosquito coils, and
  - ThermaCell (TM) Mosquito Repellent System.

Myth Busters

Myth Busters

- Citronella candles are weak.
- Geraniol candles can provide 1 meter of protection.

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Myth Busters

- Sonic and electronic devices do not work.

References/Resources (1 of 2)

- Guzman, M. and G. Kouri. Dengue haemorrhagic fever integral hypothesis: confirming observations, 1987-2007. Trans. of the Royal Soc. of Trop. Med. Hyg. (2008) 102, 522-523.
- Knowlton, K., Solomon, G. and M. Rotkin-Ellman. Mosquito-Borne Dengue Fever Threat Spreading in the Americas. NRDC Issue Paper. July 2009.
- WRAIR 1367 Project 002. USASOC Dengue Seroprevalence Protocol. 10 Sep 09.
- http://www.promedmail.org/
- Evaluation of SD BIOLINE Chagas Ab Rapid kit**.** Korean J Lab Med. 2009 Feb;29(1):48-52.
- www.gideononline.com
- http://www.plosntds.org/article/slideshow.action?uri=info:doi/10.1371/journal.pntd.0000196&imageURI=info:doi/10.1371/journal.pntd.0000196.g001 for dengue algorithm.

More Resources (2 of 2)

- ASTMH Intensive Short Course, Annual Pre-Meeting Course and Conference 2009, 2010, 2011. www.astmh.org
- http://www.cdc.gov/eid/content/14/5/pdfs/814.pdf for *P. knowlesi* article.
- Field Guide to Medically Important Invertebrates Affecting Military Operations. Jun 2006.
- http://www.afpmb.org/pubs/Field_Guide/field_guide.htm
- Medical Entomology: An Ecological Perspective. G.A.H. McClelland. 12th Edition. 1992.
- An Introduction to the Study of Insects. Borror, Triplehorn, Johnson. 12th Edition.
- Tsetse fly habitat and land cover: an analysis at continental level. ftp://ftp.fao.org/docrep/fao/010/i0215e/i0215e01.pdf
- The Social Ecology of Infectious Diseases. Mayer and Pizer. 1st Edition. 2008.

Questions?

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